The Conundrums
of Psychology

1st EDITION

Sam Vaknin, Ph.D.

Editing and Design:
Lidija Rangelovska

Find additional articles about personality disorders here - click on the links:

http://www.narcissistic-abuse.com/faqpd.html

http://www.narcissistic-abuse.com/faq82.html

http://open-site.org/Health/Conditions_and_Diseases/Psychiatric_Disorders/Personality/

http://personalitydisorders.suite101.com/

Philosophical Musings and Essays

http://samvak.tripod.com/culture.html

Malignant Self Love – Narcissism Revisited

http://samvak.tripod.com/

Created by: LIDIJA RANGELOVSKA
                REPUBLIC OF MACEDONIA

C O N T E N T S

On Dis-ease

By: Dr. Sam Vaknin

We are all terminally ill. It is a matter of time before we all die. Aging and death remain almost as mysterious as ever. We feel awed and uncomfortable when we contemplate these twin afflictions. Indeed, the very word denoting illness contains its own best definition: dis-ease. A mental component of lack of well being must exist SUBJECTIVELY. The person must FEEL bad, must experience discomfiture for his condition to qualify as a disease. To this extent, we are justified in classifying all diseases as "spiritual" or "mental".

Is there any other way of distinguishing health from sickness - a way that does NOT depend on the report that the patient provides regarding his subjective experience?

Some diseases are manifest and others are latent or immanent. Genetic diseases can exist - unmanifested - for generations. This raises the philosophical problem or whether a potential disease IS a disease? Are AIDS and Haemophilia carriers - sick? Should they be treated, ethically speaking? They experience no dis-ease, they report no symptoms, no signs are evident. On what moral grounds can we commit them to treatment? On the grounds of the "greater benefit" is the common response. Carriers threaten others and must be isolated or otherwise neutered. The threat inherent in them must be eradicated. This is a dangerous moral precedent. All kinds of people

threaten our well-being: unsettling ideologists, the mentally handicapped, many politicians. Why should we single out our physical well-being as worthy of a privileged moral status? Why is our mental well being, for instance, of less import?

Moreover, the distinction between the psychic and the physical is hotly disputed, philosophically. The psychophysical problem is as intractable today as it ever was (if not more so). It is beyond doubt that the physical affects the mental and the other way around. This is what disciplines like psychiatry are all about. The ability to control "autonomous" bodily functions (such as heartbeat) and mental reactions to pathogens of the brain are proof of the artificialness of this distinction.

It is a result of the reductionist view of nature as divisible and summable. The sum of the parts, alas, is not always the whole and there is no such thing as an infinite set of the rules of nature, only an asymptotic approximation of it. The distinction between the patient and the outside world is superfluous and wrong. The patient AND his environment are ONE and the same. Disease is a perturbation in the operation and management of the complex ecosystem known as patient-world. Humans absorb their environment and feed it in equal measures. This on-going interaction IS the patient. We cannot exist without the intake of water, air, visual stimuli and food. Our environment is defined by our actions and output, physical and mental.

Thus, one must question the classical differentiation between "internal" and "external". Some illnesses are considered "endogenic" (=generated from the inside). Natural, "internal", causes - a heart defect, a biochemical

imbalance, a genetic mutation, a metabolic process gone awry - cause disease. Aging and deformities also belong in this category.

In contrast, problems of nurturance and environment - early childhood abuse, for instance, or malnutrition - are "external" and so are the "classical" pathogens (germs and viruses) and accidents.

But this, again, is a counter-productive approach. Exogenic and Endogenic pathogenesis is inseparable. Mental states increase or decrease the susceptibility to externally induced disease. Talk therapy or abuse (external events) alter the biochemical balance of the brain. The inside constantly interacts with the outside and is so intertwined with it that all distinctions between them are artificial and misleading. The best example is, of course, medication: it is an external agent, it influences internal processes and it has a very strong mental correlate (=its efficacy is influenced by mental factors as in the placebo effect).

The very nature of dysfunction and sickness is highly culture-dependent. Societal parameters dictate right and wrong in health (especially mental health). It is all a matter of statistics. Certain diseases are accepted in certain parts of the world as a fact of life or even a sign of distinction (e.g., the paranoid schizophrenic as chosen by the gods). If there is no dis-ease there is no disease. That the physical or mental state of a person CAN be different - does not imply that it MUST be different or even that it is desirable that it should be different. In an over-populated world, sterility might be the desirable thing - or even the occasional epidemic. There is no such thing as ABSOLUTE dysfunction. The body and the mind

ALWAYS function. They adapt themselves to their environment and if the latter changes - they change. Personality disorders are the best possible responses to abuse. Cancer may be the best possible response to carcinogens. Aging and death are definitely the best possible response to over-population. Perhaps the point of view of the single patient is incommensurate with the point of view of his species - but this should not serve to obscure the issues and derail rational debate.

As a result, it is logical to introduce the notion of "positive aberration". Certain hyper- or hypo- functioning can yield positive results and prove to be adaptive. The difference between positive and negative aberrations can never be "objective". Nature is morally-neutral and embodies no "values" or "preferences". It simply exists. WE, humans, introduce our value systems, prejudices and priorities into our activities, science included. It is better to be healthy, we say, because we feel better when we are healthy. Circularity aside - this is the only criterion that we can reasonably employ. If the patient feels good - it is not a disease, even if we all think it is. If the patient feels bad, ego-dystonic, unable to function - it is a disease, even when we all think it isn't. Needless to say that I am referring to that mythical creature, the fully informed patient. If someone is sick and knows no better (has never been healthy) - then his decision should be respected only after he is given the chance to experience health.

All the attempts to introduce "objective" yardsticks of health are plagued and philosophically contaminated by the insertion of values, preferences and priorities into the formula - or by subjecting the formula to them altogether. One such attempt is to define health as "an increase in order or efficiency of processes" as contrasted with illness

which is "a decrease in order (=increase of entropy) and in the efficiency of processes". While being factually disputable, this dyad also suffers from a series of implicit value-judgements. For instance, why should we prefer life over death? Order to entropy? Efficiency to inefficiency?

Health and sickness are different states of affairs. Whether one is preferable to the other is a matter of the specific culture and society in which the question is posed. Health (and its lack) is determined by employing three "filters" as it were:

1. Is the body affected?
2. Is the person affected? (dis-ease, the bridge between "physical" and "mental illnesses)
3. Is society affected?

In the case of mental health the third question is often formulated as "is it normal" (=is it statistically the norm of this particular society in this particular time)?

We must re-humanize disease. By imposing upon issues of health the pretensions of the accurate sciences, we objectified the patient and the healer alike and utterly neglected that which cannot be quantified or measured - the human mind, the human spirit.

The Normal Personality

By: Dr. Sam Vaknin

In their opus magnum "Personality Disorders in Modern Life", Theodore Millon and Roger Davis define personality as:

"(A) complex pattern of deeply embedded psychological characteristics that are expressed automatically in almost every area of psychological functioning." (p. 2)

The Diagnostic and Statistical Manual (DSM)) IV-TR (2000), published by the American Psychiatric Association, defines personality traits as:

"(E)nduring patterns of perceiving, relating to, and thinking about the environment and oneself that are exhibited in a wide range of social and personal contexts." (p. 686)

Laymen often confuse and confute "personality" with "character" and "temperament".

Our temperament is the biological-genetic template that interacts with our environment.

Our temperament is a set of in-built dispositions we are born with. It is mostly unalterable (though recent studies demonstrate that the brain is far more plastic and elastic than we thought).

In other words, our temperament is our nature.

Our character is largely the outcome of the process of socialization, the acts and imprints of our environment and nurture on our psyche during the formative years (0-6 years and in adolescence).

Our character is the set of all acquired characteristics we posses, often judged in a cultural-social context.

Sometimes the interplay of all these factors results in an abnormal personality.

Personality disorders are dysfunctions of our whole identity, tears in the fabric of who we are. They are all-pervasive because our personality is ubiquitous and permeates each and every one of our mental cells. I just published the first article in this topic titled "What is Personality?". Read it to understand the subtle differences between "personality", "character", and "temperament".

In the background lurks the question: what constitutes normal behavior? Who is normal?

There is the statistical response: the average and the common are normal. But it is unsatisfactory and incomplete. Conforming to social edicts and mores does not guarantee normalcy. Think about anomic societies and periods of history such as Hitler's Germany or Stalin's Russia. Model citizens in these hellish environments were the criminal and the sadist.

Rather than look to the outside for a clear definition, many mental health professionals ask: is the patient functioning and happy (ego-syntonic)? If he or she is both then all is

well and normal. Abnormal traits, behaviors, and personalities are, therefore defined as those traits, behaviors, and personalities that are dysfunctional and cause subjective distress.

But, of course, this falls flat on its face at the slightest scrutiny. Many evidently mentally ill people are rather happy and reasonably functional.

Some scholars reject the concept of "normalcy" altogether. The anti-psychiatry movement object to the medicalization and pathologization of whole swathes of human conduct. Others prefer to study the disorders themselves rather to "go metaphysical" by trying to distinguish them from an imaginary and ideal state of being "mentally healthy".

I subscribe to the later approach. I much prefer to delve into the phenomenology of mental health disorders: their traits, characteristics, and impact on others.

The Myth of Mental Illness

By: [Dr. Sam Vaknin](#)

"You can know the name of a bird in all the languages of the world, but when you're finished, you'll know absolutely nothing whatever about the bird… So let's look at the bird and see what it's doing – that's what counts. I learned very early the difference between knowing the name of something and knowing something."

Richard Feynman, Physicist and 1965 Nobel Prize laureate (1918-1988)

"You have all I dare say heard of the animal spirits and how they are transfused from father to son etcetera etcetera – well you may take my word that nine parts in ten of a man's sense or his nonsense, his successes and miscarriages in this world depend on their motions and activities, and the different tracks and trains you put them into, so that when they are once set a-going, whether right or wrong, away they go cluttering like hey-go-mad."

Lawrence Sterne (1713-1758), "The Life and Opinions of Tristram Shandy, Gentleman" (1759)

I. Overview

Someone is considered mentally "ill" if:

1. His conduct rigidly and consistently deviates from the typical, average behaviour of all other people in his culture and society that fit his profile (whether this conventional behaviour is moral or rational is immaterial), or
2. His judgment and grasp of objective, physical reality is impaired, and
3. His conduct is not a matter of choice but is innate and irresistible, and
4. His behavior causes him or others discomfort, and is
5. Dysfunctional, self-defeating, and self-destructive even by his own yardsticks.

Descriptive criteria aside, what is the *essence* of mental disorders? Are they merely physiological disorders of the brain, or, more precisely of its chemistry? If so, can they be cured by restoring the balance of substances and secretions in that mysterious organ? And, once equilibrium is reinstated – is the illness "gone" or is it still lurking there, "under wraps", waiting to erupt? Are psychiatric problems inherited, rooted in faulty genes (though amplified by environmental factors) – or brought on by abusive or wrong nurturance?

These questions are the domain of the "medical" school of mental health.

Others cling to the spiritual view of the human psyche. They believe that mental ailments amount to the metaphysical discomposure of an unknown medium – the soul. Theirs is a holistic approach, taking in the patient in his or her entirety, as well as his milieu.

The members of the functional school regard mental health disorders as perturbations in the proper, statistically "normal", behaviours and manifestations of "healthy" individuals, or as dysfunctions. The "sick" individual – ill at ease with himself (ego-dystonic) or making others unhappy (deviant) – is "mended" when rendered functional again by the prevailing standards of his social and cultural frame of reference.

In a way, the three schools are akin to the trio of blind men who render disparate descriptions of the very same elephant. Still, they share not only their subject matter – but, to a counter intuitively large degree, a faulty methodology.

As the renowned anti-psychiatrist, Thomas Szasz, of the State University of New York, notes in his article ***"The Lying Truths of Psychiatry"***, mental health scholars, regardless of academic predilection, infer the etiology of mental disorders from the success or failure of treatment modalities.

This form of "reverse engineering" of scientific models is not unknown in other fields of science, nor is it unacceptable if the experiments meet the criteria of the scientific method. The theory must be all-inclusive (anamnetic), consistent, falsifiable, logically compatible, monovalent, and parsimonious. Psychological "theories" – even the "medical" ones (the role of serotonin and dopamine in mood disorders, for instance) – are usually none of these things.

The outcome is a bewildering array of ever-shifting mental health "diagnoses" expressly centred around Western civilisation and its standards (example: the

ethical objection to suicide). Neurosis, a historically fundamental "condition" vanished after 1980. Homosexuality, according to the American Psychiatric Association, was a pathology prior to 1973. Seven years later, narcissism was declared a "personality disorder", almost seven decades after it was first described by Freud.

II. Personality Disorders

Indeed, personality disorders are an excellent example of the kaleidoscopic landscape of "objective" psychiatry.

The classification of Axis II personality disorders – deeply ingrained, maladaptive, lifelong behavior patterns – in the Diagnostic and Statistical Manual, fourth edition, text revision [American Psychiatric Association. DSM-IV-TR, Washington, 2000] – or the DSM-IV-TR for short – has come under sustained and serious criticism from its inception in 1952, in the first edition of the DSM.

The DSM IV-TR adopts a categorical approach, postulating that personality disorders are *"qualitatively distinct clinical syndromes"* (p. 689). This is widely doubted. Even the distinction made between "normal" and "disordered" personalities is increasingly being rejected. The "diagnostic thresholds" between normal and abnormal are either absent or weakly supported.

The polythetic form of the DSM's Diagnostic Criteria – only a subset of the criteria is adequate grounds for a diagnosis – generates unacceptable diagnostic heterogeneity. In other words, people diagnosed with the same personality disorder may share only one criterion or none.

The DSM fails to clarify the exact relationship between Axis II and Axis I disorders and the way chronic childhood and developmental problems interact with personality disorders.

The differential diagnoses are vague and the personality disorders are insufficiently demarcated. The result is excessive co-morbidity (multiple Axis II diagnoses).

The DSM contains little discussion of what distinguishes normal character (personality), personality traits, or personality style (Millon) – from personality disorders.

A dearth of documented clinical experience regarding both the disorders themselves and the utility of various treatment modalities.

Numerous personality disorders are "not otherwise specified" – a catchall, basket "category".

Cultural bias is evident in certain disorders (such as the Antisocial and the Schizotypal).

The emergence of dimensional alternatives to the categorical approach is acknowledged in the DSM-IV-TR itself:

"An alternative to the categorical approach is the dimensional perspective that Personality Disorders represent maladaptive variants of personality traits that merge imperceptibly into normality and into one another" (p.689)

The following issues – long neglected in the DSM – are likely to be tackled in future editions as well as in current research. But their omission from official discourse hitherto is both startling and telling:

- The longitudinal course of the disorder(s) and their temporal stability from early childhood onwards;
- The genetic and biological underpinnings of personality disorder(s);
- The development of personality psychopathology during childhood and its emergence in adolescence;
- The interactions between physical health and disease and personality disorders;
- The effectiveness of various treatments – talk therapies as well as psychopharmacology.

III. The Biochemistry and Genetics of Mental Health

Certain mental health afflictions are either correlated with a statistically abnormal biochemical activity in the brain – or are ameliorated with medication. Yet the two *facts* are not ineludibly facets of *the same* underlying phenomenon. In other words, that a given medicine reduces or abolishes certain symptoms does not necessarily mean they were *caused* by the processes or substances affected by the drug administered. Causation is only one of many possible connections and chains of events.

To designate a pattern of behaviour as a mental health disorder is a value judgment, or at best a statistical observation. Such designation is effected regardless of the facts of brain science. Moreover, correlation is not causation. Deviant brain or body biochemistry (once called "polluted animal spirits") do exist – but are they

truly the roots of mental perversion? Nor is it clear which triggers what: do the aberrant neurochemistry or biochemistry cause mental illness – or the other way around?

That psychoactive medication alters behaviour and mood is indisputable. So do illicit and legal drugs, certain foods, and all interpersonal interactions. That the changes brought about by prescription are desirable – is debatable and involves tautological thinking. If a certain pattern of behaviour is described as (socially) "dysfunctional" or (psychologically) "sick" – clearly, every change would be welcomed as "healing" and every agent of transformation would be called a "cure".

The same applies to the alleged heredity of mental illness. Single genes or gene complexes are frequently "associated" with mental health diagnoses, personality traits, or behaviour patterns. But too little is known to establish irrefutable sequences of causes-and-effects. Even less is proven about the interaction of nature and nurture, genotype and phenotype, the plasticity of the brain and the psychological impact of trauma, abuse, upbringing, role models, peers, and other environmental elements.

Nor is the distinction between psychotropic substances and talk therapy that clear-cut. Words and the interaction with the therapist also affect the brain, its processes and chemistry - albeit more slowly and, perhaps, more profoundly and irreversibly. Medicines – as David Kaiser reminds us in *"Against Biologic Psychiatry"* (Psychiatric Times, Volume XIII, Issue 12, December 1996) – treat symptoms, not the underlying processes that yield them.

IV. The Variance of Mental Disease

If mental illnesses are bodily and empirical, they should be invariant both temporally and spatially, across cultures and societies. This, to some degree, is, indeed, the case. Psychological diseases are not context dependent – but the pathologizing of certain behaviours is. Suicide, substance abuse, narcissism, eating disorders, antisocial ways, schizotypal symptoms, depression, even psychosis are considered sick by some cultures – and utterly normative or advantageous in others.

This was to be expected. The human mind and its dysfunctions are alike around the world. But values differ from time to time and from one place to another. Hence, disagreements about the propriety and desirability of human actions and inaction are bound to arise in a symptom-based diagnostic system.

As long as the *pseudo-medical* definitions of mental health disorders continue to rely exclusively on signs and symptoms – i.e., mostly on observed or reported behaviours – they remain vulnerable to such discord and devoid of much-sought universality and rigor.

V. Mental Disorders and the Social Order

The mentally sick receive the same treatment as carriers of AIDS or SARS or the Ebola virus or smallpox. They are sometimes quarantined against their will and coerced into involuntary treatment by medication, psychosurgery, or electroconvulsive therapy. This is done in the name of the greater good, largely as a preventive policy.

Conspiracy theories notwithstanding, it is impossible to ignore the enormous interests vested in psychiatry and psychopharmacology. The multibillion dollar industries involving drug companies, hospitals, managed healthcare, private clinics, academic departments, and law enforcement agencies rely, for their continued and exponential growth, on the propagation of the concept of "mental illness" and its corollaries: treatment and research.

VI. Mental Ailment as a Useful Metaphor

Abstract concepts form the core of all branches of human knowledge. No one has ever seen a quark, or untangled a chemical bond, or surfed an electromagnetic wave, or visited the unconscious. These are useful metaphors, theoretical entities with explanatory or descriptive power.

"Mental health disorders" are no different. They are shorthand for capturing the unsettling quiddity of "the Other". Useful as taxonomies, they are also tools of social coercion and conformity, as Michel Foucault and Louis Althusser observed. Relegating both the dangerous and the idiosyncratic to the collective fringes is a vital technique of social engineering.

The aim is progress through social cohesion and the regulation of innovation and creative destruction. Psychiatry, therefore, is reifies society's preference of evolution to revolution, or, worse still, to mayhem. As is often the case with human endeavour, it is a noble cause, unscrupulously and dogmatically pursued.

VII. The Insanity Defense

"It is an ill thing to knock against a deaf-mute, an imbecile, or a minor. He that wounds them is culpable, but if they wound him they are not culpable." (Mishna, Babylonian Talmud)

If mental illness is culture-dependent and mostly serves as an organizing social principle - what should we make of the insanity defense (NGRI- Not Guilty by Reason of Insanity)?

A person is held not responsible for his criminal actions if s/he cannot tell right from wrong ("lacks substantial capacity either to appreciate the criminality (wrongfulness) of his conduct" - diminished capacity), did not intend to act the way he did (absent "mens rea") and/or could not control his behavior ("irresistible impulse"). These handicaps are often associated with "mental disease or defect" or "mental retardation".

Mental health professionals prefer to talk about an impairment of a "person's perception or understanding of reality". They hold a "guilty but mentally ill" verdict to be contradiction in terms. All "mentally-ill" people operate within a (usually coherent) worldview, with consistent internal logic, and rules of right and wrong (ethics). Yet, these rarely conform to the way most people perceive the world. The mentally-ill, therefore, cannot be guilty because s/he has a tenuous grasp on reality.

Yet, experience teaches us that a criminal maybe mentally ill even as s/he maintains a perfect reality test and thus is held criminally responsible (Jeffrey Dahmer comes to mind). The "perception and understanding of reality", in other words, can and does co-exist even with the severest forms of mental illness.

This makes it even more difficult to comprehend what is meant by "mental disease". If some mentally ill maintain a grasp on reality, know right from wrong, can anticipate the outcomes of their actions, are not subject to irresistible impulses (the official position of the American Psychiatric Association) - in what way do they differ from us, "normal" folks?

This is why the insanity defense often sits ill with mental health pathologies deemed socially "acceptable" and "normal" - such as religion or love.

Consider the following case:

A mother bashes the skulls of her three sons. Two of them die. She claims to have acted on instructions she had received from God. She is found not guilty by reason of insanity. The jury determined that she "did not know right from wrong during the killings."

But why exactly was she judged insane?

Her belief in the existence of God - a being with inordinate and inhuman attributes - may be irrational.

But it does not constitute insanity in the strictest sense because it conforms to social and cultural creeds and codes of conduct in her milieu. Billions of people faithfully subscribe to the same ideas, adhere to the same transcendental rules, observe the same mystical rituals, and claim to go through the same experiences. This shared psychosis is so widespread that it can no longer be deemed pathological, statistically speaking.

She claimed that God has spoken to her.

As do numerous other people. Behavior that is considered psychotic (paranoid-schizophrenic) in other contexts is lauded and admired in religious circles. Hearing voices and seeing visions - auditory and visual delusions - are considered rank manifestations of righteousness and sanctity.

Perhaps it was the content of her hallucinations that proved her insane?

She claimed that God had instructed her to kill her boys. Surely, God would not ordain such evil?

Alas, the Old and New Testaments both contain examples of God's appetite for human sacrifice. Abraham was ordered by God to sacrifice Isaac, his beloved son (though this savage command was rescinded at the last moment). Jesus, the son of God himself, was crucified to atone for the sins of humanity.

A divine injunction to slay one's offspring would sit well with the Holy Scriptures and the Apocrypha as well as with millennia-old Judeo-Christian traditions of martyrdom and sacrifice.

Her actions were wrong and incommensurate with both human and divine (or natural) laws.

Yes, but they were perfectly in accord with a literal interpretation of certain divinely-inspired texts, millennial scriptures, apocalyptic thought systems, and fundamentalist religious ideologies (such as the ones espousing the imminence of "rupture"). Unless one declares these doctrines and writings insane, her actions are not.

we are forced to the conclusion that the murderous mother is perfectly sane. Her frame of reference is different to ours. Hence, her definitions of right and wrong are idiosyncratic. To her, killing her babies was the right thing to do and in conformity with valued teachings and her own epiphany. Her grasp of reality - the immediate and later consequences of her actions - was never impaired.

It would seem that sanity and insanity are relative terms, dependent on frames of cultural and social reference, and statistically defined. There isn't - and, in principle, can never emerge - an "objective", medical, scientific test to determine mental health or disease unequivocally.

VIII. Adaptation and Insanity - (correspondence with Paul Shirley, MSW)

"Normal" people adapt to their environment - both human and natural.

"Abnormal" ones try to adapt their environment - both human and natural - to their idiosyncratic needs/profile.

If they succeed, their environment, both human (society) and natural is pathologized.

The Diagnostic and Statistical Manual (DSM) - Pros and Cons

First published here: ["Personality Disorders (Suite101)"](#)

By: [Dr. Sam Vaknin](#)

The Diagnostic and Statistical Manual, fourth edition, text revision [American Psychiatric Association. DSM-IV-TR, Washington, 2000] - or the DSM-IV-TR for short - describes Axis II personality disorders as "deeply ingrained, maladaptive, lifelong behavior patterns". But the classificatory model the DSM has been using since 1952 is harshly criticized as woefully inadequate by many scholars and practitioners.

The DSM is categorical. It states that personality disorders are "qualitatively distinct clinical syndromes" (p. 689). But this is by no means widely accepted. As we saw in my previous article and blog entry, the professionals cannot even agree on what constitutes "normal" and how to distinguish it from the "disordered" and the "abnormal". The DSM does not provide a clear "threshold" or "critical mass" beyond which the subject should be considered mentally ill.

Moreover, the DSM's diagnostic criteria are ploythetic. In other words, suffice it to satisfy only a subset of the criteria to diagnose a personality disorder. Thus, people diagnosed with the same personality disorder may share only one criterion or none. This diagnostic heterogeneity (great variance) is unacceptable and non-scientific.

In [another article](#) we deal with the five diagnostic axes employed by the DSM to capture the way clinical syndromes (such as anxiety, mood, and eating disorders), general medical conditions, psychosocial and environmental problems, chronic childhood and developmental problems, and functional issues interact with personality disorders.

Yet, the DSM's "laundry lists" obscure rather than clarify the interactions between the various axes. As a result, the differential diagnoses that are supposed to help us distinguish one personality disorder from all others, are vague. In psych-parlance: the personality disorders are insufficiently demarcated. This unfortunate state of affairs leads to excessive co-morbidity: multiple personality disorders diagnosed in the same subject. Thus, psychopaths (Antisocial Personality Disorder) are often also diagnosed as narcissists (Narcissistic Personality Disorder) or borderlines (Borderline Personality Disorder).

The DSM also fails to distinguish between personality, personality traits, character, temperament, personality styles (Theodore Millon's contribution) and full-fledged personality disorders. It does not accommodate personality disorders induced by circumstances (reactive personality disorders, such as Milman's proposed "Acquired Situational Narcissism"). Nor does it efficaciously cope with personality disorders that are the result of medical conditions (such as brain injuries, metabolic conditions, or protracted poisoning). The DSM had to resort to classifying some personality disorders as

NOS "not otherwise specified", a catchall, meaningless, unhelpful, and dangerously vague diagnostic "category".

One of the reasons for this dismal taxonomy is the dearth of research and rigorously documented clinical experience regarding both the disorders and various treatment modalities. Read this week's article to learn about the DSM's other great failing: many of the personality disorders are "culture-bound". They reflect social and contemporary biases, values, and prejudices rather than authentic and invariable psychological constructs and entities.

The DSM-IV-TR distances itself from the categorical model and hints at the emergence of an alternative: the dimensional approach:

"An alternative to the categorical approach is the dimensional perspective that Personality Disorders represent maladaptive variants of personality traits that merge imperceptibly into normality and into one another" (p.689)

According to the deliberations of the DSM V Committee, the next edition of this work of reference (due to be published in 2010) will tackle these long neglected issues:

The longitudinal course of the disorder(s) and their temporal stability from early childhood onwards;

The genetic and biological underpinnings of personality disorder(s);

The development of personality psychopathology during childhood and its emergence in adolescence;

The interactions between physical health and disease and personality disorders;

The effectiveness of various treatments - talk therapies as well as psychopharmacology.

__[Back to Table of Contents](#)__

The History of Personality Disorders

First published here: [*"Personality Disorders (Suite101)"*](#)

By: [Dr. Sam Vaknin](#)

Well into the eighteenth century, the only types of mental illness - then collectively known as "delirium" or "mania" - were depression (melancholy), psychoses, and delusions. At the beginning of the nineteenth century, the French psychiatrist Pinel coined the phrase "manie sans delire" (insanity without delusions). He described patients who lacked impulse control, often raged when frustrated, and were prone to outbursts of violence. He noted that such patients were not subject to delusions. He was referring, of course, to psychopaths (subjects with the Antisocial Personality Disorder). Across the ocean, in the United States, Benjamin Rush made similar observations.

In 1835, the British J. C. Pritchard, working as senior Physician at the Bristol Infirmary (hospital), published a seminal work titled "Treatise on Insanity and Other Disorders of the Mind". He, in turn, suggested the neologism "moral insanity".

To quote him, moral insanity consisted of "a morbid perversion of the natural feelings, affections, inclinations, temper, habits, moral dispositions, and natural impulses without any remarkable disorder or defect of the intellect or knowing or reasoning faculties and in particular without any insane delusion or hallucination" (p. 6).

He then proceeded to elucidate the psychopathic (antisocial) personality in great detail:

"(A) propensity to theft is sometimes a feature of moral insanity and sometimes it is its leading if not sole characteristic." (p. 27). "(E)ccentricity of conduct, singular and absurd habits, a propensity to perform the common actions of life in a different way from that usually practised, is a feature of many cases of moral insanity but can hardly be said to contribute sufficient evidence of its existence." (p. 23).

"When however such phenomena are observed in connection with a wayward and intractable temper with a decay of social affections, an aversion to the nearest relatives and friends formerly beloved - in short, with a change in the moral character of the individual, the case becomes tolerably well marked." (p. 23)

But the distinctions between personality, affective, and mood disorders were still murky.

Pritchard muddied it further:

"(A) considerable proportion among the most striking instances of moral insanity are those in which a tendency to gloom or sorrow is the predominant feature ... (A) state of gloom or melancholy depression occasionally gives way ... to the opposite condition of preternatural excitement." (pp. 18-19)

Another half century were to pass before a system of classification emerged that offered differential diagnoses of mental illness without delusions (later known as personality disorders), affective disorders, schizophrenia, and depressive illnesses. Still, the term "moral insanity" was being widely used.

Henry Maudsley applied it in 1885 to a patient whom he described as:

"(Having) no capacity for true moral feeling - all his impulses and desires, to which he yields without check, are egoistic, his conduct appears to be governed by immoral motives, which are cherished and obeyed without any evident desire to resist them." ("Responsibility in Mental Illness", p. 171).

But Maudsley already belonged to a generation of physicians who felt increasingly uncomfortable with the vague and judgmental coinage "moral insanity" and sought to replace it with something a bit more scientific.

Maudsley bitterly criticized the ambiguous term "moral insanity":

"(It is) a form of mental alienation which has so much the look of vice or crime that many people regard it as an unfounded medical invention (p. 170).

In his book "Die Psychopatischen Minderwertigkeiter", published in 1891, the German doctor J. L. A. Koch tried to improve on the situation by suggesting the phrase "psychopathic inferiority". He limited his diagnosis to people who are not retarded or mentally ill but still display a rigid pattern of misconduct and dysfunction throughout their increasingly disordered lives. In later editions, he replaced "inferiority" with "personality" to avoid sounding judgmental. Hence the "psychopathic personality".

Twenty years of controversy later, the diagnosis found its way into the 8th edition of E. Kraepelin's seminal

"Lehrbuch der Psychiatrie" ("Clinical Psychiatry: a textbook for students and physicians"). By that time, it merited a whole lengthy chapter in which Kraepelin suggested six additional types of disturbed personalities: excitable, unstable, eccentric, liar, swindler, and quarrelsome.

Still, the focus was on antisocial behavior. If one's conduct caused inconvenience or suffering or even merely annoyed someone or flaunted the norms of society, one was liable to be diagnosed as "psychopathic".

In his influential books, "The Psychopathic Personality" (9th edition, 1950) and "Clinical Psychopathology" (1959), another German psychiatrist, K. Schneider sought to expand the diagnosis to include people who harm and inconvenience themselves as well as others. Patients who are depressed, socially anxious, excessively shy and insecure were all deemed by him to be "psychopaths" (in another word, abnormal).

This broadening of the definition of psychopathy directly challenged the earlier work of Scottish psychiatrist, Sir David Henderson. In 1939, Henderson published "Psychopathic States", a book that was to become an instant classic. In it, he postulated that, though not mentally subnormal, psychopaths are people who:

"(T)hroughout their lives or from a comparatively early age, have exhibited disorders of conduct of an antisocial or asocial nature, usually of a recurrent episodic type which in many instances have proved difficult to influence by methods of social, penal and medical care or for whom we have no adequate provision of a preventative or curative nature."

But Henderson went a lot further than that and transcended the narrow view of psychopathy (the German school) then prevailing throughout Europe.

In his work (1939), Henderson described three types of psychopaths. Aggressive psychopaths were violent, suicidal, and prone to substance abuse. Passive and inadequate psychopaths were over-sensitive, unstable and hypochondriacal. They were also introverts (schizoid) and pathological liars. Creative psychopaths were all dysfunctional people who managed to become famous or infamous.

Twenty years later, in the 1959 Mental Health Act for England and Wales, "psychopathic disorder" was defined thus, in section 4(4):

"(A) persistent disorder or disability of mind (whether or not including subnormality of intelligence) which results in abnormally aggressive or seriously irresponsible conduct on the part of the patient, and requires or is susceptible to medical treatment."

This definition reverted to the minimalist and cyclical (tautological) approach: abnormal behavior is that which causes harm, suffering, or discomfort to others. Such behavior is, ipso facto, aggressive or irresponsible. Additionally it failed to tackle and even excluded manifestly abnormal behavior that does not require or is not susceptible to medical treatment.

Thus, "psychopathic personality" came to mean both "abnormal" and "antisocial". This confusion persists to this very day. Scholarly debate still rages between those, such as the Canadian Robert, Hare, who distinguish the

psychopath from the patient with mere antisocial personality disorder and those (the orthodoxy) who wish to avoid ambiguity by using only the latter term.

Moreover, these nebulous constructs resulted in co-morbidity. Patients were frequently diagnosed with multiple and largely overlapping personality disorders, traits, and styles. As early as 1950, Schneider wrote:

"Any clinician would be greatly embarrassed if asked to classify into appropriate types the psychopaths (that is abnormal personalities) encountered in any one year."

Today, most practitioners rely on either the Diagnostic and Statistical Manual (DSM), now in its fourth, revised text, edition or on the International Classification of Diseases (ICD), now in its tenth edition.

The two tomes disagree on some issues but, by and large, conform to each other.

Back to Table of Contents

The Brain

Metaphors of the Mind (Part I)

By: [Dr. Sam Vaknin](#)

The brain (and, by implication, the mind) have been compared to the latest technological innovation in every generation. The computer metaphor is now in vogue. Computer hardware metaphors were replaced by software metaphors and, lately, by (neuronal) network metaphors.

Metaphors are not confined to the philosophy of neurology. Architects and mathematicians, for instance, have lately come up with the structural concept of "tensegrity" to explain the phenomenon of life. The tendency of humans to see patterns and structures everywhere (even where there are none) is well documented and probably has its survival value.

Another trend is to discount these metaphors as erroneous, irrelevant, deceptive, and misleading. Understanding the mind is a recursive business, rife with self-reference. The entities or processes to which the brain is compared are also "brain-children", the results of "brain-storming", conceived by "minds". What is a computer, a software application, a communications network if not a (material) representation of cerebral events?

A necessary and sufficient connection surely exists between man-made things, tangible and intangible, and human minds. Even a gas pump has a "mind-correlate". It

is also conceivable that representations of the "non-human" parts of the Universe exist in our minds, whether a-priori (not deriving from experience) or a-posteriori (dependent upon experience). This "correlation", "emulation", "simulation", "representation" (in short : close connection) between the "excretions", "output", "spin-offs", "products" of the human mind and the human mind itself - is a key to understanding it.

This claim is an instance of a much broader category of claims: that we can learn about the artist by his art, about a creator by his creation, and generally: about the origin by any of the derivatives, inheritors, successors, products and similes thereof.

This general contention is especially strong when the origin and the product share the same nature. If the origin is human (father) and the product is human (child) - there is an enormous amount of data that can be derived from the product and safely applied to the origin. The closer the origin to the product - the more we can learn about the origin from the product.

We have said that knowing the product - we can usually know the origin. The reason is that knowledge about product "collapses" the set of probabilities and increases our knowledge about the origin. Yet, the converse is not always true. The same origin can give rise to many types of entirely unrelated products. There are too many free variables here. The origin exists as a "wave function": a series of potentialities with attached probabilities, the potentials being the logically and physically possible products.

What can we learn about the origin by a crude perusal to the product? Mostly observable structural and functional traits and attributes. We cannot learn a thing about the "true nature" of the origin. We can not know the "true nature" of anything. This is the realm of metaphysics, not of physics.

Take Quantum Mechanics. It provides an astonishingly accurate description of micro-processes and of the Universe without saying much about their "essence". Modern physics strives to provide correct predictions - rather than to expound upon this or that worldview. It describes - it does not explain. Where interpretations are offered (e.g., the Copenhagen interpretation of Quantum Mechanics) they invariably run into philosophical snags. Modern science uses metaphors (e.g., particles and waves). Metaphors have proven to be useful scientific tools in the "thinking scientist's" kit. As these metaphors develop, they trace the developmental phases of the origin.

Consider the software-mind metaphor.

The computer is a "thinking machine" (however limited, simulated, recursive and mechanical). Similarly, the brain is a "thinking machine" (admittedly much more agile, versatile, non-linear, maybe even qualitatively different). Whatever the disparity between the two, they must be related to one another.

This relation is by virtue of two facts: (1) Both the brain and the computer are "thinking machines" and (2) the latter is the product of the former. Thus, the computer metaphor is an unusually tenable and potent one. It is

likely to be further enhanced should organic or quantum computers transpire.

At the dawn of computing, software applications were authored serially, in machine language and with strict separation of data (called: "structures") and instruction code (called: "functions" or "procedures"). The machine language reflected the physical wiring of the hardware.

This is akin to the development of the embryonic brain (mind). In the early life of the human embryo, instructions (DNA) are also insulated from data (i.e., from amino acids and other life substances).

In early computing, databases were handled on a "listing" basis ("flat file"), were serial, and had no intrinsic relationship to one another. Early databases constituted a sort of substrate, ready to be acted upon. Only when "intermixed" in the computer (as a software application was run) were functions able to operate on structures.

This phase was followed by the "relational" organization of data (a primitive example of which is the spreadsheet). Data items were related to each other through mathematical formulas. This is the equivalent of the increasing complexity of the wiring of the brain as pregnancy progresses.

The latest evolutionary phase in programming is OOPS (Object Oriented Programming Systems). Objects are modules which encompass **both** data and instructions in self contained units. The user communicates with the *functions* performed by these objects - but not with their **structure and internal processes**.

Programming objects, in other words, are "black boxes" (an engineering term). The programmer is unable to tell *how* the object does what it does, or how does an external, useful function arise from internal, hidden functions or structures. Objects are epiphenomenal, emergent, phase transient. In short: much closer to reality as described by modern physics.

Though these black boxes communicate - it is not the communication, its speed, or efficacy which determine the overall efficiency of the system. It is the hierarchical and at the same time fuzzy organization of the objects which does the trick. Objects are organized in classes which define their (actualized and potential) properties. The object's behaviour (what it does and what it reacts to) is defined by its membership of a class of objects.

Moreover, objects can be organized in new (sub) classes while inheriting all the definitions and characteristics of the original class in addition to new properties. In a way, these newly emergent classes are the products while the classes they are derived from are the origin. This process so closely resembles natural - and especially biological - phenomena that it lends additional force to the software metaphor.

Thus, classes can be used as building blocks. Their permutations define the set of all soluble problems. It can be proven that Turing Machines are a private instance of a general, much stronger, class theory (a-la Principia Mathematica). The integration of hardware (computer, brain) and software (computer applications, mind) is done through "framework applications" which match the two elements structurally and functionally. The equivalent in the brain is sometimes called by philosophers and

psychologists "a-priori categories", or "the collective unconscious".

Computers and their programming evolve. Relational databases cannot be integrated with object oriented ones, for instance. To run Java applets, a "virtual machine" needs to be embedded in the operating system. These phases closely resemble the development of the brain-mind couplet.

When is a metaphor a good metaphor? When it teaches us something new about the origin. It must possess some structural and functional resemblance. But this quantitative and observational facet is not enough. There is also a qualitative one: the metaphor must be instructive, revealing, insightful, aesthetic, and parsimonious - in short, it must constitute a theory and produce falsifiable predictions. A metaphor is also subject to logical and aesthetic rules and to the rigors of the scientific method.

If the software metaphor is correct, the brain must contain the following features:

1. Parity checks through back propagation of signals. The brain's electrochemical signals must move back (to the origin) and forward, simultaneously, in order to establish a feedback parity loop.

2. The neuron cannot be a binary (two state) machine (a quantum computer is multi-state). It must have many levels of excitation (i.e., many modes of representation of information). The threshold ("all or nothing" firing) hypothesis must be wrong.

3. Redundancy must be built into all the aspects and dimensions of the brain and its activities. Redundant hardware -different centers to perform similar tasks. Redundant communications channels with the same information simultaneously transferred across them. Redundant retrieval of data and redundant usage of obtained data (through working, "upper" memory).

4. The basic concept of the workings of the brain must be the comparison of "representational elements" to "models of the world". Thus, a coherent picture is obtained which yields predictions and allows to manipulate the environment effectively.

5. Many of the functions tackled by the brain must be recursive. We can expect to find that we can reduce all the activities of the brain to computational, mechanically solvable, recursive functions. The brain can be regarded as a Turing Machine and the dreams of Artificial Intelligence are likely come true.

6. The brain must be a learning, self organizing, entity. The brain's very hardware must disassemble, reassemble, reorganize, restructure, reroute, reconnect, disconnect, and, in general, alter itself in response to data. In most man-made machines, the data is external to the processing unit. It enters and exits the machine through designated ports but does not affect the machine's structure or functioning. Not so the brain. It reconfigures itself with every bit of data. One can

say that a new brain is created every time a single bit of information is processed.

Only if these six cumulative requirements are met - can we say that the software metaphor is useful.

Metaphors of the Mind (Part II)

Psychology and Psychotherapy

By: [Dr. Sam Vaknin](#)

Storytelling has been with us since the days of campfire and besieging wild animals. It served a number of important functions: amelioration of fears, communication of vital information (regarding survival tactics and the characteristics of animals, for instance), the satisfaction of a sense of order (justice), the development of the ability to hypothesize, predict and introduce theories and so on.

We are all endowed with a sense of wonder. The world around us in inexplicable, baffling in its diversity and myriad forms. We experience an urge to organize it, to "explain the wonder away", to order it in order to know what to expect next (predict). These are the essentials of survival. But while we have been successful at imposing our mind's structures on the outside world – we have been much less successful when we tried to cope with our internal universe.

The relationship between the structure and functioning of our (ephemeral) mind, the structure and modes of operation of our (physical) brain and the structure and conduct of the outside world have been the matter of heated debate for millennia. Broadly speaking, there were (and still are) two ways of treating it:

There were those who, for all practical purposes, identified the origin (brain) with its product (mind). Some of them postulated the existence of a lattice of

preconceived, born categorical knowledge about the universe – the vessels into which we pour our experience and which mould it. Others have regarded the mind as a black box. While it was possible in principle to know its input and output, it was impossible, again in principle, to understand its internal functioning and management of information. Pavlov coined the word "conditioning", Watson adopted it and invented "behaviourism", Skinner came up with "reinforcement". The school of epiphenomenologists (emergent phenomena) regarded the mind as the by product of the brain's "hardware" and "wiring" complexity. But all ignored the psychophysical question: what IS the mind and HOW is it linked to the brain?

The other camp was more "scientific" and "positivist". It speculated that the mind (whether a physical entity, an epiphenomenon, a non-physical principle of organization, or the result of introspection) – had a structure and a limited set of functions. They argued that a "user's manual" could be composed, replete with engineering and maintenance instructions. The most prominent of these "psychodynamists" was, of course, Freud. Though his disciples (Adler, Horney, the object-relations lot) diverged wildly from his initial theories – they all shared his belief in the need to "scientify" and objectify psychology. Freud – a medical doctor by profession (Neurologist) and Bleuler before him – came with a theory regarding the structure of the mind and its mechanics: (suppressed) energies and (reactive) forces. Flow charts were provided together with a method of analysis, a mathematical physics of the mind.

But this was a mirage. An essential part was missing: the ability to test the hypotheses, which derived from these

"theories". They were all very convincing, though, and, surprisingly, had great explanatory power. But - non-verifiable and non-falsifiable as they were – they could not be deemed to possess the redeeming features of a scientific theory.

Deciding between the two camps was and is a crucial matter. Consider the clash - however repressed - between psychiatry and psychology. The former regards "mental disorders" as euphemisms - it acknowledges only the reality of brain dysfunctions (such as biochemical or electric imbalances) and of hereditary factors. The latter (psychology) implicitly assumes that something exists (the "mind", the "psyche") which cannot be reduced to hardware or to wiring diagrams. Talk therapy is aimed at that something and supposedly interacts with it.

But perhaps the distinction is artificial. Perhaps the mind is simply the way we experience our brains. Endowed with the gift (or curse) of introspection, we experience a duality, a split, constantly being both observer and observed. Moreover, talk therapy involves TALKING - which is the transfer of energy from one brain to another through the air. This is directed, specifically formed energy, intended to trigger certain circuits in the recipient brain. It should come as no surprise if it were to be discovered that talk therapy has clear physiological effects upon the brain of the patient (blood volume, electrical activity, discharge and absorption of hormones, etc.).

All this would be doubly true if the mind was, indeed, only an emergent phenomenon of the complex brain - two sides of the same coin.

Psychological theories of the mind are metaphors of the mind. They are fables and myths, narratives, stories, hypotheses, conjunctures. They play (exceedingly) important roles in the psychotherapeutic setting – but not in the laboratory. Their form is artistic, not rigorous, not testable, less structured than theories in the natural sciences. The language used is polyvalent, rich, effusive, and fuzzy – in short, metaphorical. They are suffused with value judgements, preferences, fears, post facto and ad hoc constructions. None of this has methodological, systematic, analytic and predictive merits.

Still, the theories in psychology are powerful instruments, admirable constructs of the mind. As such, they are bound to satisfy some needs. Their very existence proves it.

The attainment of peace of mind is a need, which was neglected by Maslow in his famous rendition. People will sacrifice material wealth and welfare, will forgo temptations, will ignore opportunities, and will put their lives in danger – just to reach this bliss of wholeness and completeness. There is, in other words, a preference of inner equilibrium over homeostasis. It is the fulfilment of this overriding need that psychological theories set out to cater to. In this, they are no different than other collective narratives (myths, for instance).

In some respects, though, there are striking differences:

Psychology is desperately trying to link up to reality and to scientific discipline by employing observation and measurement and by organizing the results and presenting them using the language of mathematics. This does not atone for its primordial sin: that its subject matter is

ethereal and inaccessible. Still, it lends an air of credibility and rigorousness to it.

The second difference is that while historical narratives are "blanket" narratives – psychology is "tailored", "customized". A unique narrative is invented for every listener (patient, client) and he is incorporated in it as the main hero (or anti-hero). This flexible "production line" seems to be the result of an age of increasing individualism. True, the "language units" (large chunks of denotates and connotates) are one and the same for every "user". In psychoanalysis, the therapist is likely to always employ the tripartite structure (Id, Ego, Superego). But these are language elements and need not be confused with the plots. Each client, each person, and his own, unique, irreplicable, plot.

To qualify as a "psychological" plot, it must be:

a. *All-inclusive (anamnetic)* – It must encompass, integrate and incorporate all the facts known about the protagonist.

b. *Coherent* – It must be chronological, structured and causal.

c. *Consistent* – Self-consistent (its subplots cannot contradict one another or go against the grain of the main plot) and consistent with the observed phenomena (both those related to the protagonist and those pertaining to the rest of the universe).

d. *Logically compatible* – It must not violate the laws of logic both internally (the plot must abide by some internally imposed logic) and externally (the

Aristotelian logic which is applicable to the observable world).

e. ***Insightful (diagnostic)*** – It must inspire in the client a sense of awe and astonishment which is the result of seeing something familiar in a new light or the result of seeing a pattern emerging out of a big body of data. The insights must be the logical conclusion of the logic, the language and of the development of the plot.

f. ***Aesthetic*** – The plot must be both plausible and "right", beautiful, not cumbersome, not awkward, not discontinuous, smooth and so on.

g. ***Parsimonious*** – The plot must employ the minimum numbers of assumptions and entities in order to satisfy all the above conditions.

h. ***Explanatory*** – The plot must explain the behaviour of other characters in the plot, the hero's decisions and behaviour, why events developed the way that they did.

i. ***Predictive (prognostic)*** – The plot must possess the ability to predict future events, the future behaviour of the hero and of other meaningful figures and the inner emotional and cognitive dynamics.

j. ***Therapeutic*** – With the power to induce change (whether it is for the better, is a matter of contemporary value judgements and fashions).

k. ***Imposing*** – The plot must be regarded by the client as the preferable organizing principle of his life's events and the torch to guide him in the darkness to come.

l. ***Elastic*** – The plot must possess the intrinsic abilities to self organize, reorganize, give room to emerging order, accommodate new data comfortably, avoid rigidity in its modes of reaction to attacks from within and from without.

In all these respects, a psychological plot is a theory in disguise. Scientific theories should satisfy most of the same conditions. But the equation is flawed. The important elements of testability, verifiability, refutability, falsifiability, and repeatability – are all missing. No experiment could be designed to test the statements within the plot, to establish their truth-value and, thus, to convert them to theorems.

There are four reasons to account for this shortcoming:

1. ***Ethical*** – Experiments would have to be conducted, involving the hero and other humans. To achieve the necessary result, the subjects will have to be ignorant of the reasons for the experiments and their aims. Sometimes even the very performance of an experiment will have to remain a secret (double blind experiments). Some experiments may involve unpleasant experiences. This is ethically unacceptable.

2. ***The Psychological Uncertainty Principle*** – The current position of a human subject can be fully known. But both treatment and experimentation

influence the subject and void this knowledge. The very processes of measurement and observation influence the subject and change him.

3. *Uniqueness* – Psychological experiments are, therefore, bound to be unique, unrepeatable, cannot be replicated elsewhere and at other times even if they deal with the SAME subjects. The subjects are never the same due to the psychological uncertainty principle. Repeating the experiments with other subjects adversely affects the scientific value of the results.

4. *The undergeneration of testable hypotheses* – Psychology does not generate a sufficient number of hypotheses, which can be subjected to scientific testing. This has to do with the fabulous (=storytelling) nature of psychology. In a way, psychology has affinity with some private languages. It is a form of art and, as such, is self-sufficient. If structural, internal constraints and requirements are met – a statement is deemed true even if it does not satisfy external scientific requirements.

So, what are plots good for? They are the instruments used in the procedures, which induce peace of mind (even happiness) in the client. This is done with the help of a few embedded mechanisms:

a. *The Organizing Principle* – Psychological plots offer the client an organizing principle, a sense of order and ensuing justice, of an inexorable drive toward well defined (though, perhaps, hidden) goals, the ubiquity of meaning, being part of a

whole. It strives to answer the "why's" and "how's". It is dialogic. The client asks: "why am I (here follows a syndrome)". Then, the plot is spun: "you are like this not because the world is whimsically cruel but because your parents mistreated you when you were very young, or because a person important to you died, or was taken away from you when you were still impressionable, or because you were sexually abused and so on". The client is calmed by the very fact that there is an explanation to that which until now monstrously taunted and haunted him, that he is not the plaything of vicious Gods, that there is who to blame (focussing diffused anger is a very important result) and, that, therefore, his belief in order, justice and their administration by some supreme, transcendental principle is restored. This sense of "law and order" is further enhanced when the plot yields predictions which come true (either because they are self-fulfilling or because some real "law" has been discovered).

b. *The Integrative Principle* – The client is offered, through the plot, access to the innermost, hitherto inaccessible, recesses of his mind. He feels that he is being reintegrated, that "things fall into place". In psychodynamic terms, the energy is released to do productive and positive work, rather than to induce distorted and destructive forces.

c. *The Purgatory Principle* – In most cases, the client feels sinful, debased, inhuman, decrepit, corrupting, guilty, punishable, hateful, alienated, strange, mocked and so on. The plot offers him absolution. Like the highly symbolic figure of the

Saviour before him – the client's sufferings expurgate, cleanse, absolve, and atone for his sins and handicaps. A feeling of hard won achievement accompanies a successful plot. The client sheds layers of functional, adaptive clothing. This is inordinately painful. The client feels dangerously naked, precariously exposed. He then assimilates the plot offered to him, thus enjoying the benefits emanating from the previous two principles and only then does he develop new mechanisms of coping. Therapy is a mental crucifixion and resurrection and atonement for the sins. It is highly religious with the plot in the role of the scriptures from which solace and consolation can be always gleaned.

In Defense of Psychoanalysis
By: Dr. Sam Vaknin

I. Introduction

No social theory has been more influential and, later, more reviled than psychoanalysis. It burst upon the scene of modern thought, a fresh breath of revolutionary and daring imagination, a Herculean feat of model-construction, and a challenge to established morals and manners. It is now widely considered nothing better than a confabulation, a baseless narrative, a snapshot of Freud's tormented psyche and thwarted 19th century Mitteleuropa middle class prejudices.

Most of the criticism is hurled by mental health professionals and practitioners with large axes to grind. Few, if any, theories in psychology are supported by modern brain research. All therapies and treatment modalities - including medicating one's patients - are still forms of art and magic rather than scientific practices. The very existence of mental illness is in doubt - let alone what constitutes "healing". Psychoanalysis is in bad company all around.

Some criticism is offered by practicing scientists - mainly experimentalists - in the life and exact (physical) sciences. Such diatribes frequently offer a sad glimpse into the critics' own ignorance. They have little idea what makes a theory scientific and they confuse materialism with reductionism or instrumentalism and correlation with causation.

Few physicists, neuroscientists, biologists, and chemists seem to have plowed through the rich literature on the psychophysical problem. As a result of this obliviousness, they tend to proffer primitive arguments long rendered obsolete by centuries of philosophical debates.

Science frequently deals matter-of-factly with theoretical entities and concepts - quarks and black holes spring to mind - that have never been observed, measured, or quantified. These should not be confused with concrete entities. They have different roles in the theory. Yet, when they mock Freud's trilateral model of the psyche (the id, ego, and superego), his critics do just that - they relate to his theoretical constructs as though they were real, measurable, "things".

The medicalization of mental health hasn't helped either.

Certain mental health afflictions are either correlated with a statistically abnormal biochemical activity in the brain – or are ameliorated with medication. Yet the two *facts* are not ineludibly facets of *the same* underlying phenomenon. In other words, that a given medicine reduces or abolishes certain symptoms does not necessarily mean they were *caused* by the processes or substances affected by the drug administered. Causation is only one of many possible connections and chains of events.

To designate a pattern of behavior as a mental health disorder is a value judgment, or at best a statistical observation. Such designation is effected regardless of the facts of brain science. Moreover, correlation is not causation. Deviant brain or body biochemistry (once called "polluted animal spirits") do exist – but are they truly the roots of mental perversion? Nor is it clear which

triggers what: do the aberrant neurochemistry or biochemistry cause mental illness – or the other way around?

That psychoactive medication alters behavior and mood is indisputable. So do illicit and legal drugs, certain foods, and all interpersonal interactions. That the changes brought about by prescription are desirable – is debatable and involves tautological thinking. If a certain pattern of behavior is described as (socially) "dysfunctional" or (psychologically) "sick" – clearly, every change would be welcomed as "healing" and every agent of transformation would be called a "cure".

The same applies to the alleged heredity of mental illness. Single genes or gene complexes are frequently "associated" with mental health diagnoses, personality traits, or behavior patterns. But too little is known to establish irrefutable sequences of causes-and-effects. Even less is proven about the interaction of nature and nurture, genotype and phenotype, the plasticity of the brain and the psychological impact of trauma, abuse, upbringing, role models, peers, and other environmental elements.

Nor is the distinction between psychotropic substances and talk therapy that clear-cut. Words and the interaction with the therapist also affect the brain, its processes and chemistry - albeit more slowly and, perhaps, more profoundly and irreversibly. Medicines – as David Kaiser reminds us in *"Against Biologic Psychiatry"* (Psychiatric Times, Volume XIII, Issue 12, December 1996) – treat symptoms, not the underlying processes that yield them.

So, what is mental illness, the subject matter of Psychoanalysis?

Someone is considered mentally "ill" if:

1. His conduct rigidly and consistently deviates from the typical, average behavior of all other people in his culture and society that fit his profile (whether this conventional behavior is moral or rational is immaterial), or
2. His judgment and grasp of objective, physical reality is impaired, and
3. His conduct is not a matter of choice but is innate and irresistible, and
4. His behavior causes him or others discomfort, and is
5. Dysfunctional, self-defeating, and self-destructive even by his own yardsticks.

Descriptive criteria aside, what is the *essence* of mental disorders? Are they merely physiological disorders of the brain, or, more precisely of its chemistry? If so, can they be cured by restoring the balance of substances and secretions in that mysterious organ? And, once equilibrium is reinstated – is the illness "gone" or is it still lurking there, "under wraps", waiting to erupt? Are psychiatric problems inherited, rooted in faulty genes (though amplified by environmental factors) – or brought on by abusive or wrong nurturance?

These questions are the domain of the "medical" school of mental health.

Others cling to the spiritual view of the human psyche. They believe that mental ailments amount to the

metaphysical discomposure of an unknown medium – the soul. Theirs is a holistic approach, taking in the patient in his or her entirety, as well as his milieu.

The members of the functional school regard mental health disorders as perturbations in the proper, statistically "normal", behaviors and manifestations of "healthy" individuals, or as dysfunctions. The "sick" individual – ill at ease with himself (ego-dystonic) or making others unhappy (deviant) – is "mended" when rendered functional again by the prevailing standards of his social and cultural frame of reference.

In a way, the three schools are akin to the trio of blind men who render disparate descriptions of the very same elephant. Still, they share not only their subject matter – but, to a counter intuitively large degree, a faulty methodology.

As the renowned anti-psychiatrist, Thomas Szasz, of the State University of New York, notes in his article ***"The Lying Truths of Psychiatry"***, mental health scholars, regardless of academic predilection, infer the etiology of mental disorders from the success or failure of treatment modalities.

This form of "reverse engineering" of scientific models is not unknown in other fields of science, nor is it unacceptable if the experiments meet the criteria of the scientific method. The theory must be all-inclusive (anamnetic), consistent, falsifiable, logically compatible, monovalent, and parsimonious. Psychological "theories" – even the "medical" ones (the role of serotonin and dopamine in mood disorders, for instance) – are usually none of these things.

The outcome is a bewildering array of ever-shifting mental health "diagnoses" expressly centred around Western civilization and its standards (example: the ethical objection to suicide). Neurosis, a historically fundamental "condition" vanished after 1980. Homosexuality, according to the American Psychiatric Association, was a pathology prior to 1973. Seven years later, narcissism was declared a "personality disorder", almost seven decades after it was first described by Freud.

II. The Revolution of Psychoanalysis

"The more I became interested in psychoanalysis, the more I saw it as a road to the same kind of broad and deep understanding of human nature that writers possess."

Anna Freud

Towards the end of the 19th century, the new discipline of psychology became entrenched in both Europe and America. The study of the human mind, hitherto a preserve of philosophers and theologians, became a legitimate subject of scientific (some would say, pseudo-scientific) scrutiny.

The Structuralists - Wilhelm Wundt and Edward Bradford Titchener - embarked on a fashionable search for the "atoms" of consciousness: physical sensations, affections or feelings, and images (in both memories and dreams). Functionalists, headed by William James and, later, James Angell and John Dewey - derided the idea of a "pure", elemental sensation. They introduced the concept of mental association. Experience uses associations to alter the nervous system, they hypothesized.

Freud revolutionized the field (though, at first, his reputation was limited to the German-speaking parts of the dying Habsburg Empire). He dispensed with the unitary nature of the psyche and proposed instead a trichotomy, a tripartite or trilateral model (the id, ego, and superego). He suggested that our natural state is conflict, that anxiety and tension are more prevalent than harmony. Equilibrium (compromise formation) is achieved by constantly investing mental energy. Hence "psychodynamics".

Most of our existence is unconscious, Freud theorized. The conscious is but the tip of an ever-increasing iceberg. He introduced the concepts of libido and Thanatos (the life and death forces), instincts (Triebe, or "drives", in German) or drives, the somatic-erotogenic phases of psychic (personality) development, trauma and fixation, manifest and latent content (in dreams). Even his intellectual adversaries used this vocabulary, often infused with new meanings.

The psychotherapy he invented, based on his insights, was less formidable. Many of its tenets and procedures have been discarded early on, even by its own proponents and practitioners. The rule of abstinence (the therapist as a blank and hidden screen upon which the patient projects or transfers his repressed emotions), free association as the exclusive technique used to gain access to and unlock the unconscious, dream interpretation with the mandatory latent and forbidden content symbolically transformed into the manifest - have all literally vanished within the first decades of practice.

Other postulates - most notably transference and counter-transference, ambivalence, resistance, regression, anxiety,

and conversion symptoms - have survived to become cornerstones of modern therapeutic modalities, whatever their origin. So did, in various disguises, the idea that there is a clear path leading from unconscious (or conscious) conflict to signal anxiety, to repression, and to symptom formation (be it neuroses, rooted in current deprivation, or psychoneuroses, the outcomes of childhood conflicts). The existence of anxiety-preventing defense mechanisms is also widely accepted.

Freud's initial obsession with sex as the sole driver of psychic exchange and evolution has earned him derision and diatribe aplenty. Clearly, a child of the repressed sexuality of Victorian times and the Viennese middle-class, he was fascinated with perversions and fantasies. The Oedipus and Electra complexes are reflections of these fixations. But their origin in Freud's own psychopathologies does not render them less revolutionary. Even a century later, child sexuality and incest fantasies are more or less taboo topics of serious study and discussion.

Ernst Kris said in 1947 that Psychoanalysis is:

"...(N)othing but human behavior considered from the standpoint of conflict. It is the picture of the mind divided against itself with attendant anxiety and other dysphoric effects, with adaptive and maladaptive defensive and coping strategies, and with symptomatic behaviors when the defense fail."

But Psychoanalysis is more than a theory of the mind. It is also a theory of the body and of the personality and of society. It is a Social Sciences Theory of Everything. It is a bold - and highly literate - attempt to tackle the

[psychophysical problem](#) and the Cartesian [body versus mind](#) conundrum. Freud himself noted that the unconscious has both physiological (instinct) and mental (drive) aspects. He wrote:

"(The unconscious is) a concept on the frontier between the mental and the somatic, as the physical representative of the stimuli originating from within the organism and reaching the mind" (Standard Edition Volume XIV).

Psychoanalysis is, in many ways, the application of Darwin's theory of evolution in psychology and sociology. Survival is transformed into [narcissism](#) and the reproductive instincts assume the garb of the Freudian [sex drive](#). But Freud went a daring step forward by suggesting that social structures and strictures (internalized as the superego) are concerned mainly with the repression and redirection of natural instincts. Signs and symbols replace reality and all manner of substitutes (such as money) stand in for primary objects in our early formative years.

To experience our true selves and to fulfill our wishes, we resort to Phantasies (e.g., dreams, "screen memories") where imagery and irrational narratives - displaced, condensed, rendered visually, revised to produce coherence, and censored to protect us from sleep disturbances - represent our suppressed desires. Current neuroscience tends to refute this "dreamwork" conjecture but its value is not to be found in its veracity (or lack thereof).

These musings about dreams, slips of tongue, forgetfulness, the psychopathology of everyday life, and associations were important because they were the first

attempt at deconstruction, the first in-depth insight into human activities such as art, myth-making, propaganda, politics, business, and warfare, and the first coherent explanation of the convergence of the aesthetic with the "ethic" (i.e., the socially acceptable and condoned). Ironically, Freud's contributions to cultural studies may far outlast his "scientific" "theory" of the mind.

It is ironic that Freud, a medical doctor (neurologist), the author of a "Project for a Scientific Psychology", should be so chastised by scientists in general and neuroscientists in particular. Psychoanalysis used to be practiced only by psychiatrists. But we live at an age when mental disorders are thought to have physiological-chemical-genetic origins. All psychological theories and talk therapies are disparaged by "hard" scientists.

Still, the pendulum had swung both ways many times before. Hippocrates ascribed mental afflictions to a balance of bodily humors (blood, phlegm, yellow and black bile) that is out of kilt. So did Galen, Bartholomeus Anglicus, Johan Weyer (1515-88). Paracelsus (1491-1541), and Thomas Willis, who attributed psychological disorders to a functional "fault of the brain".

The tide turned with Robert Burton who wrote "Anatomy of Melancholy" and published it in 1621. He forcefully propounded the theory that psychic problems are the sad outcomes of poverty, fear, and solitude.

A century later, Francis Gall (1758-1828) and Spurzheim (1776-1832) traced mental disorders to lesions of specific areas of the brain, the forerunner of the now-discredited discipline of phrenology. The logical chain was simple:

the brain is the organ of the mind, thus, various faculties can be traced to its parts.

Morel, in 1809, proposed a compromise which has since ruled the discourse. The propensities for psychological dysfunctions, he suggested, are inherited but triggered by adverse environmental conditions. A Lamarckist, he was convinced that acquired mental illnesses are handed down the generations. Esquirol concurred in 1845 as did Henry Maudsley in 1879 and Adolf Meyer soon thereafter. Heredity predisposes one to suffer from psychic malaise but psychological and "moral" (social) causes precipitate it.

And, yet, the debate was and is far from over. Wilhelm Greisinger published "The Pathology and Therapy of Mental Disorders" in 1845. In it he traced their etiology to "neuropathologies", physical disorders of the brain. He allowed for heredity and the environment to play their parts, though. He was also the first to point out the importance of one's experiences in one's first years of life.

Jean-Martin Charcot, a neurologist by training, claimed to have cured hysteria with hypnosis. But despite this demonstration of non-physiological intervention, he insisted that hysteroid symptoms were manifestations of brain dysfunction. Weir Mitchell coined the term "neurasthenia" to describe an exhaustion of the nervous system (depression). Pierre Janet discussed the variations in the strength of the nervous activity and said that they explained the narrowing field of consciousness (whatever that meant).

None of these "nervous" speculations was supported by scientific, experimental evidence. Both sides of the debate

confined themselves to philosophizing and ruminating. Freud was actually among the first to base a theory on actual clinical observations. Gradually, though, his work - buttressed by the concept of sublimation - became increasingly metaphysical. Its conceptual pillars came to resemble Bergson's élan vital and Schopenhauer's Will. French philosopher Paul Ricoeur called Psychoanalysis (depth psychology) "the hermeneutics of suspicion".

III. *The Fundamentals of Psychological Theories*

All theories - scientific or not - start with a problem. They aim to solve it by proving that what appears to be "problematic" is not. They re-state the conundrum, or introduce new data, new variables, a new classification, or new organizing principles. They incorporate the problem in a larger body of knowledge, or in a conjecture ("solution"). They explain why we thought we had an issue on our hands - and how it can be avoided, vitiated, or resolved.

Scientific theories invite constant criticism and revision. They yield new problems. They are proven erroneous and are replaced by new models which offer better explanations and a more profound sense of understanding - often by solving these new problems. From time to time, the successor theories constitute a break with everything known and done till then. These seismic convulsions are known as "paradigm shifts".

Contrary to widespread opinion - even among scientists - science is not only about "facts". It is not merely about quantifying, measuring, describing, classifying, and organizing "things" (entities). It is not even concerned with finding out the "truth". Science is about providing us

with concepts, explanations, and predictions (collectively known as "theories") and thus endowing us with a sense of understanding of our world.

Scientific theories are allegorical or metaphoric. They revolve around symbols and theoretical constructs, concepts and substantive assumptions, axioms and hypotheses - most of which can never, even in principle, be computed, observed, quantified, measured, or correlated with the world "out there". By appealing to our imagination, scientific theories reveal what David Deutsch calls "the fabric of reality".

Like any other system of knowledge, science has its fanatics, heretics, and deviants.

Instrumentalists, for instance, insist that scientific theories should be concerned exclusively with predicting the outcomes of appropriately designed experiments. Their explanatory powers are of no consequence. Positivists ascribe meaning only to statements that deal with observables and observations.

Instrumentalists and positivists ignore the fact that predictions are derived from models, narratives, and organizing principles. In short: it is the theory's explanatory dimensions that determine which experiments are relevant and which are not. Forecasts - and experiments - that are not embedded in an understanding of the world (in an explanation) do not constitute science.

Granted, predictions and experiments are crucial to the growth of scientific knowledge and the winnowing out of erroneous or inadequate theories. But they are not the only mechanisms of natural selection. There are other criteria

that help us decide whether to adopt and place confidence in a scientific theory or not. Is the theory aesthetic (parsimonious), logical, does it provide a reasonable explanation and, thus, does it further our understanding of the world?

David Deutsch in "The Fabric of Reality" (p. 11):

"... (I)t is hard to give a precise definition of 'explanation' or 'understanding'. Roughly speaking, they are about 'why' rather than 'what'; about the inner workings of things; about how things really are, not just how they appear to be; about what must be so, rather than what merely happens to be so; about laws of nature rather than rules of thumb. They are also about coherence, elegance, and simplicity, as opposed to arbitrariness and complexity ..."

Reductionists and emergentists ignore the existence of a hierarchy of scientific theories and meta-languages. They believe - and it is an article of faith, not of science - that complex phenomena (such as the human mind) can be reduced to simple ones (such as the physics and chemistry of the brain). Furthermore, to them the act of reduction is, in itself, an explanation and a form of pertinent understanding. Human thought, fantasy, imagination, and emotions *are* nothing but electric currents and spurts of chemicals in the brain, they say.

Holists, on the other hand, refuse to consider the possibility that some higher-level phenomena can, indeed, be fully reduced to base components and primitive interactions. They ignore the fact that reductionism sometimes does provide explanations and understanding. The properties of water, for instance, do spring forth from

its chemical and physical composition and from the interactions between its constituent atoms and subatomic particles.

Still, there is a general agreement that scientific theories must be abstract (independent of specific time or place), intersubjectively explicit (contain detailed descriptions of the subject matter in unambiguous terms), logically rigorous (make use of logical systems shared and accepted by the practitioners in the field), empirically relevant (correspond to results of empirical research), useful (in describing and/or explaining the world), and provide typologies and predictions.

A scientific theory should resort to primitive (atomic) terminology and all its complex (derived) terms and concepts should be defined in these indivisible terms. It should offer a map unequivocally and consistently connecting operational definitions to theoretical concepts.

Operational definitions that connect to the same theoretical concept should not contradict each other (be negatively correlated). They should yield agreement on measurement conducted independently by trained experimenters. But investigation of the theory of its implication can proceed even without quantification.

Theoretical concepts need not necessarily be measurable or quantifiable or observable. But a scientific theory should afford at least four levels of quantification of its operational and theoretical definitions of concepts: nominal (labeling), ordinal (ranking), interval and ratio.

As we said, scientific theories are not confined to quantified definitions or to a classificatory apparatus. To

qualify as scientific they must contain statements about relationships (mostly causal) between concepts - empirically-supported laws and/or propositions (statements derived from axioms).

Philosophers like Carl Hempel and Ernest Nagel regard a theory as scientific if it is hypothetico-deductive. To them, scientific theories are sets of inter-related laws. We know that they are inter-related because a minimum number of axioms and hypotheses yield, in an inexorable deductive sequence, everything else known in the field the theory pertains to.

Explanation is about retrodiction - using the laws to show how things happened. Prediction is using the laws to show how things *will* happen. Understanding is explanation and prediction combined.

William Whewell augmented this somewhat simplistic point of view with his principle of "consilience of inductions". Often, he observed, inductive explanations of disparate phenomena are unexpectedly traced to one underlying cause. This is what scientific theorizing is about - finding the common source of the apparently separate.

This omnipotent view of the scientific endeavor competes with a more modest, semantic school of philosophy of science.

Many theories - especially ones with breadth, width, and profundity, such as Darwin's theory of evolution - are not deductively integrated and are very difficult to test (falsify) conclusively. Their predictions are either scant or ambiguous.

Scientific theories, goes the semantic view, are amalgams of models of reality. These are empirically meaningful only inasmuch as they are empirically (directly and therefore semantically) applicable to a limited area. A typical scientific theory is not constructed with explanatory and predictive aims in mind. Quite the opposite: the choice of models incorporated in it dictates its ultimate success in explaining the Universe and predicting the outcomes of experiments.

Are psychological theories scientific theories by any definition (prescriptive or descriptive)? Hardly.

First, we must distinguish between psychological theories and the way that some of them are applied (psychotherapy and psychological plots). Psychological plots are the narratives co-authored by the therapist and the patient during psychotherapy. These narratives are the outcomes of applying psychological theories and models to the patient's specific circumstances.

Psychological plots amount to storytelling - but they are still instances of the psychological theories used. The instances of theoretical concepts in concrete situations form part of every theory. Actually, the only way to test psychological theories - with their dearth of measurable entities and concepts - is by examining such instances (plots).

Storytelling has been with us since the days of campfire and besieging wild animals. It serves a number of important functions: amelioration of fears, communication of vital information (regarding survival tactics and the characteristics of animals, for instance), the satisfaction of a sense of order (predictability and justice), the

development of the ability to hypothesize, predict and introduce new or additional theories and so on.

We are all endowed with a sense of wonder. The world around us in inexplicable, baffling in its diversity and myriad forms. We experience an urge to organize it, to "explain the wonder away", to order it so that we know what to expect next (predict). These are the essentials of survival. But while we have been successful at imposing our mind on the outside world – we have been much less successful when we tried to explain and comprehend our internal universe and our behavior.

Psychology is not an exact science, nor can it ever be. This is because its "raw material" (humans and their behavior as individuals and en masse) is not exact. It will never yield natural laws or universal constants (like in physics). Experimentation in the field is constrained by legal and ethical rules. Humans tend to be opinionated, develop resistance, and become self-conscious when observed.

The relationship between the structure and functioning of our (ephemeral) mind, the structure and modes of operation of our (physical) brain, and the structure and conduct of the outside world have been a matter for heated debate for millennia.

Broadly speaking, there are two schools of thought:

One camp identify the substrate (brain) with its product (mind). Some of these scholars postulate the existence of a lattice of preconceived, born, categorical knowledge about the universe – the vessels into which we pour our experience and which mould it.

Others within this group regard the mind as a black box. While it is possible in principle to know its input and output, it is impossible, again in principle, to understand its internal functioning and management of information. To describe this input-output mechanism, Pavlov coined the word "conditioning", Watson adopted it and invented "behaviorism", Skinner came up with "reinforcement".

Epiphenomenologists (proponents of theories of emergent phenomena) regard the mind as the by-product of the complexity of the brain's "hardware" and "wiring". But all of them ignore the psychophysical question: what *IS* the mind and *HOW* is it linked to the brain?

The other camp assumes the airs of "scientific" and "positivist" thinking. It speculates that the mind (whether a physical entity, an epiphenomenon, a non-physical principle of organization, or the result of introspection) has a structure and a limited set of functions. It is argued that a "mind owner's manual" could be composed, replete with engineering and maintenance instructions. It proffers a dynamics of the psyche.

The most prominent of these "psychodynamists" was, of course, Freud. Though his disciples (Adler, Horney, the object-relations lot) diverged wildly from his initial theories, they all shared his belief in the need to "scientify" and objectify psychology.

Freud, a medical doctor by profession (neurologist) - preceded by another M.D., Josef Breuer – put forth a theory regarding the structure of the mind and its mechanics: (suppressed) energies and (reactive) forces. Flow charts were provided together with a method of analysis, a mathematical physics of the mind.

Many hold all psychodynamic theories to be a mirage. An essential part is missing, they observe: the ability to test the hypotheses, which derive from these "theories". Though very convincing and, surprisingly, possessed of great explanatory powers, being non-verifiable and non-falsifiable as they are – psychodynamic models of the mind cannot be deemed to possess the redeeming features of scientific theories.

Deciding between the two camps was and is a crucial matter. Consider the clash - however repressed - between psychiatry and psychology. The former regards "mental disorders" as euphemisms - it acknowledges only the reality of brain dysfunctions (such as biochemical or electric imbalances) and of hereditary factors. The latter (psychology) implicitly assumes that something exists (the "mind", the "psyche") which cannot be reduced to hardware or to wiring diagrams. Talk therapy is aimed at that something and supposedly interacts with it.

But perhaps the distinction is artificial. Perhaps the mind is simply the way we experience our brains. Endowed with the gift (or curse) of introspection, we experience a duality, a split, constantly being both observer and observed. Moreover, talk therapy involves *TALKING* - which is the transfer of energy from one brain to another through the air. This is a directed, specifically formed energy, intended to trigger certain circuits in the recipient brain. It should come as no surprise if it were to be discovered that talk therapy has clear physiological effects upon the brain of the patient (blood volume, electrical activity, discharge and absorption of hormones, etc.).

All this would be doubly true if the mind were, indeed, only an emergent phenomenon of the complex brain - two sides of the same coin.

Psychological theories of the mind are metaphors of the mind. They are fables and myths, narratives, stories, hypotheses, conjunctures. They play (exceedingly) important roles in the psychotherapeutic setting – but not in the laboratory. Their form is artistic, not rigorous, not testable, less structured than theories in the natural sciences. The language used is polyvalent, rich, effusive, ambiguous, evocative, and fuzzy – in short, metaphorical. These theories are suffused with value judgments, preferences, fears, post facto and ad hoc constructions. None of this has methodological, systematic, analytic and predictive merits.

Still, the theories in psychology are powerful instruments, admirable constructs, and they satisfy important needs to explain and understand ourselves, our interactions with others, and with our environment.

The attainment of peace of mind is a need, which was neglected by Maslow in his famous hierarchy. People sometimes sacrifice material wealth and welfare, resist temptations, forgo opportunities, and risk their lives – in order to secure it. There is, in other words, a preference of inner equilibrium over homeostasis. It is the fulfillment of this overwhelming need that psychological theories cater to. In this, they are no different to other collective narratives (myths, for instance).

Still, psychology is desperately trying to maintain contact with reality and to be thought of as a scientific discipline. It employs observation and measurement and organizes

the results, often presenting them in the language of mathematics. In some quarters, these practices lends it an air of credibility and rigorousness. Others snidely regard the as an elaborate camouflage and a sham. Psychology, they insist, is a pseudo-science. It has the trappings of science but not its substance.

Worse still, while historical narratives are rigid and immutable, the application of psychological theories (in the form of psychotherapy) is "tailored" and "customized" to the circumstances of each and every patient (client). The user or consumer is incorporated in the resulting narrative as the main hero (or anti-hero). This flexible "production line" seems to be the result of an age of increasing individualism.

True, the "language units" (large chunks of denotates and connotates) used in psychology and psychotherapy are one and the same, regardless of the identity of the patient and his therapist. In psychoanalysis, the analyst is likely to always employ the tripartite structure (Id, Ego, Superego). But these are merely the language elements and need not be confused with the idiosyncratic plots that are weaved in every encounter. Each client, each person, and his own, unique, irreplicable, plot.

To qualify as a "psychological" (both meaningful and instrumental) plot, the narrative, offered to the patient by the therapist, must be:

a. *All-inclusive (anamnetic)* – It must encompass, integrate and incorporate all the facts known about the protagonist.

b. ***Coherent*** – It must be chronological, structured and causal.

c. ***Consistent*** – Self-consistent (its subplots cannot contradict one another or go against the grain of the main plot) and consistent with the observed phenomena (both those related to the protagonist and those pertaining to the rest of the universe).

d. ***Logically compatible*** – It must not violate the laws of logic both internally (the plot must abide by some internally imposed logic) and externally (the Aristotelian logic which is applicable to the observable world).

e. ***Insightful (diagnostic)*** – It must inspire in the client a sense of awe and astonishment which is the result of seeing something familiar in a new light or the result of seeing a pattern emerging out of a big body of data. The insights must constitute the inevitable conclusion of the logic, the language, and of the unfolding of the plot.

f. ***Aesthetic*** – The plot must be both plausible and "right", beautiful, not cumbersome, not awkward, not discontinuous, smooth, parsimonious, simple, and so on.

g. ***Parsimonious*** – The plot must employ the minimum numbers of assumptions and entities in order to satisfy all the above conditions.

h. ***Explanatory*** – The plot must explain the behavior of other characters in the plot, the hero's decisions

and behavior, why events developed the way they did.

    i.   *Predictive (prognostic)* – The plot must possess the ability to predict future events, the future behavior of the hero and of other meaningful figures and the inner emotional and cognitive dynamics.

    j.   *Therapeutic* – With the power to induce change, encourage functionality, make the patient happier and more content with himself (ego-syntony), with others, and with his circumstances.

    k.   *Imposing* – The plot must be regarded by the client as the preferable organizing principle of his life's events and a torch to guide him in the dark (vade mecum).

    l.   *Elastic* – The plot must possess the intrinsic abilities to self organize, reorganize, give room to emerging order, accommodate new data comfortably, and react flexibly to attacks from within and from without.

In all these respects, a psychological plot is a theory in disguise. Scientific theories satisfy most of the above conditions as well. But this apparent identity is flawed. The important elements of testability, verifiability, refutability, falsifiability, and repeatability – are all largely missing from psychological theories and plots. No experiment could be designed to test the statements within the plot, to establish their truth-value and, thus, to convert them to theorems or hypotheses in a theory.

There are four reasons to account for this inability to test and prove (or falsify) psychological theories:

1. *Ethical* – Experiments would have to be conducted, involving the patient and others. To achieve the necessary result, the subjects will have to be ignorant of the reasons for the experiments and their aims. Sometimes even the very performance of an experiment will have to remain a secret (double blind experiments). Some experiments may involve unpleasant or even traumatic experiences. This is ethically unacceptable.

2. *The Psychological Uncertainty Principle* – The initial state of a human subject in an experiment is usually fully established. But both treatment and experimentation influence the subject and render this knowledge irrelevant. The very processes of measurement and observation influence the human subject and transform him or her - as do life's circumstances and vicissitudes.

3. *Uniqueness* – Psychological experiments are, therefore, bound to be unique, unrepeatable, cannot be replicated elsewhere and at other times even when they are conducted with the *SAME* subjects. This is because the subjects are never the same due to the aforementioned psychological uncertainty principle. Repeating the experiments with other subjects adversely affects the scientific value of the results.

4. *The undergeneration of testable hypotheses* – Psychology does not generate a sufficient number

of hypotheses, which can be subjected to scientific testing. This has to do with the fabulous (=storytelling) nature of psychology. In a way, psychology has affinity with some private languages. It is a form of art and, as such, is self-sufficient and self-contained. If structural, internal constraints are met – a statement is deemed true even if it does not satisfy external scientific requirements.

So, what are psychological theories and plots good for? They are the instruments used in the procedures which induce peace of mind (even happiness) in the client. This is done with the help of a few embedded mechanisms:

a. ***The Organizing Principle*** – Psychological plots offer the client an organizing principle, a sense of order, meaningfulness, and justice, an inexorable drive toward well defined (though, perhaps, hidden) goals, the feeling of being part of a whole. They strive to answer the "why's" and "how's" of life. They are dialogic. The client asks: "why am I (suffering from a syndrome) and how (can I successfully tackle it)". Then, the plot is spun: "you are like this not because the world is whimsically cruel but because your parents mistreated you when you were very young, or because a person important to you died, or was taken away from you when you were still impressionable, or because you were sexually abused and so on". The client is becalmed by the very fact that there is an explanation to that which until now monstrously taunted and haunted him, that he is not the plaything of vicious Gods, that there is a culprit (focusing his diffuse anger). His

belief in the existence of order and justice and their administration by some supreme, transcendental principle is restored. This sense of "law and order" is further enhanced when the plot yields predictions which come true (either because they are self-fulfilling or because some real, underlying "law" has been discovered).

b. *The Integrative Principle* – The client is offered, through the plot, access to the innermost, hitherto inaccessible, recesses of his mind. He feels that he is being reintegrated, that "things fall into place". In psychodynamic terms, the energy is released to do productive and positive work, rather than to induce distorted and destructive forces.

c. *The Purgatory Principle* – In most cases, the client feels sinful, debased, inhuman, decrepit, corrupting, guilty, punishable, hateful, alienated, strange, mocked and so on. The plot offers him absolution. The client's suffering expurgates, cleanses, absolves, and atones for his sins and handicaps. A feeling of hard won achievement accompanies a successful plot. The client sheds layers of functional, adaptive stratagems rendered dysfunctional and maladaptive. This is inordinately painful. The client feels dangerously naked, precariously exposed. He then assimilates the plot offered to him, thus enjoying the benefits emanating from the previous two principles and only then does he develop new mechanisms of coping. Therapy is a mental crucifixion and resurrection and atonement for the patient's sins. It is a religious experience. Psychological theories and plots are in the role of the scriptures from

which solace and consolation can be always
gleaned.

IV. *Critique and Defense of Psychoanalysis*

*"I am actually not a man of science at all. . . . I am
nothing but a conquistador by temperament, an
adventurer."*

(Sigmund Freud, letter to Fleiss, 1900)

*"If you bring forth that which is in you, that which you
bring forth will be your salvation".*

(The Gospel of Thomas)

*"No, our science is no illusion. But an illusion it would
be to suppose that what science cannot give us we
cannot get elsewhere."*

(Sigmund Freud, "The Future of an Illusion")

Harold Bloom called Freud "The central imagination of
our age". That psychoanalysis is not a scientific theory in
the strict, rigorous sense of the word has long been
established. Yet, most criticisms of Freud's work (by the
likes of Karl Popper, Adolf Grunbaum, Havelock Ellis,
Malcolm Macmillan, and Frederick Crews) pertain to his -
long-debunked - scientific pretensions.

Today it is widely accepted that psychoanalysis - though
some of its tenets are testable and, indeed, have been
experimentally tested and invariably found to be false or
uncorroborated - is a system of ideas. It is a cultural

construct, and a (suggested) deconstruction of the human mind. Despite aspirations to the contrary, psychoanalysis is not - and never has been - a value-neutral physics or dynamics of the psyche.

Freud also stands accused of generalizing his own perversions and of reinterpreting his patients' accounts of their memories to fit his preconceived notions of the unconscious . The practice of psychoanalysis as a therapy has been castigated as a crude form of brainwashing within cult-like settings.

Feminists criticize Freud for casting women in the role of "defective" (naturally castrated and inferior) men. Scholars of culture expose the Victorian and middle-class roots of his theories about suppressed sexuality. Historians deride and decry his stifling authoritarianism and frequent and expedient conceptual reversals.

Freud himself would have attributed many of these diatribes to the defense mechanisms of his critics. Projection, resistance, and displacement do seem to be playing a prominent role. Psychologists are taunted by the lack of rigor of their profession, by its literary and artistic qualities, by the dearth of empirical support for its assertions and fundaments, by the ambiguity of its terminology and ontology, by the derision of "proper" scientists in the "hard" disciplines, and by the limitations imposed by their experimental subjects (humans). These are precisely the shortcomings that they attribute to psychoanalysis.

Indeed, psychological narratives - psychoanalysis first and foremost - are not "scientific theories" by any stretch of this much-bandied label. They are also unlikely to ever

become ones. Instead - like myths, religions, and ideologies - they are organizing principles.

Psychological "theories" do not explain the world. At best, they describe reality and give it "true", emotionally-resonant, heuristic and hermeneutic meaning. They are less concerned with predictive feats than with "healing" - the restoration of harmony among people and inside them.

Therapies - the practical applications of psychological "theories" - are more concerned with function, order, form, and ritual than with essence and replicable performance. The interaction between patient and therapist is a microcosm of society, an encapsulation and reification of all other forms of social intercourse. Granted, it is more structured and relies on a body of knowledge gleaned from millions of similar encounters. Still, the therapeutic process is nothing more than an insightful and informed dialog whose usefulness is well-attested to.

Both psychological and scientific theories are creatures of their times, children of the civilizations and societies in which they were conceived, context-dependent and culture-bound. As such, their validity and longevity are always suspect. Both hard-edged scientists and thinkers in the "softer" disciplines are influenced by contemporary values, mores, events, and interpellations.

The difference between "proper" theories of dynamics and psychodynamic theories is that the former asymptotically aspire to an objective "truth" "out there" - while the latter emerge and emanate from a kernel of inner, introspective, truth that is immediately familiar and is the bedrock of their speculations. Scientific theories - as opposed to

psychological "theories" - need, therefore, to be tested, falsified, and modified because their truth is not self-contained.

Still, psychoanalysis was, when elaborated, a Kuhnian paradigm shift. It broke with the past completely and dramatically. It generated an inordinate amount of new, unsolved, problems. It suggested new methodological procedures for gathering empirical evidence (research strategies). It was based on observations (however scant and biased). In other words, it was experimental in nature, not merely theoretical. It provided a framework of reference, a conceptual sphere within which new ideas developed.

That it failed to generate a wealth of testable hypotheses and to account for discoveries in neurology does not detract from its importance. Both relativity theories were and, today, string theories are, in exactly the same position in relation to their subject matter, physics.

In 1963, Karl Jaspers made an important distinction between the scientific activities of Erklaren and Verstehen. Erklaren is about finding pairs of causes and effects. Verstehen is about grasping connections between events, sometimes intuitively and non-causally. Psychoanalysis is about Verstehen, not about Erklaren. It is a hypothetico-deductive method for gleaning events in a person's life and generating insights regarding their connection to his current state of mind and functioning.

So, is psychoanalysis a science, pseudo-science, or sui generis?

Psychoanalysis is a field of study, not a theory. It is replete with neologisms and formalism but, like [Quantum Mechanics](), it has many incompatible interpretations. It is, therefore, equivocal and self-contained (recursive). Psychoanalysis dictates which of its hypotheses are testable and what constitutes its own falsification. In other words, it is a meta-theory: a theory about generating theories in psychology.

Moreover, psychoanalysis the theory is often confused with psychoanalysis the therapy. Conclusively proving that the therapy works does not establish the veridicality, the historicity, or even the usefulness of the conceptual edifice of the theory. Furthermore, therapeutic techniques evolve far more quickly and substantially than the theories that ostensibly yield them. They are self-modifying "moving targets" - not rigid and replicable procedures and rituals.

Another obstacle in trying to establish the scientific value of psychoanalysis is its ambiguity. It is unclear, for instance, what in psychoanalysis qualify as causes - and what as their effects.

Consider the critical construct of the unconscious. Is it the reason for - does it cause - our behavior, conscious thoughts, and emotions? Does it provide them with a "ratio" (explanation)? Or are they mere symptoms of inexorable underlying processes? Even these basic questions receive no "dynamic" or "physical" treatment in classic (Freudian) psychoanalytic theory. So much for its pretensions to be a scientific endeavor.

Psychoanalysis is circumstantial and supported by epistemic accounts, starting with the master himself. It

appeals to one's common sense and previous experience. Its statements are of these forms: "given X, Y, and Z reported by the patient - doesn't it stand to (everyday) reason that A caused X?" or "We know that B causes M, that M is very similar to X, and that B is very similar to A. Isn't it reasonable to assume that A causes X?".

In therapy, the patient later confirms these insights by feeling that they are "right" and "correct", that they are epiphanous and revelatory, that they possess retrodictive and predictive powers, and by reporting his reactions to the therapist-interpreter. This acclamation seals the narrative's probative value as a basic (not to say primitive) form of explanation which provides a time frame, a coincident pattern, and sets of teleological aims, ideas and values.

Juan Rivera is right that Freud's claims about infantile life cannot be proven, not even with a Gedankenexperimental movie camera, as Robert Vaelder suggested. It is equally true that the theory's etiological claims are epidemiologically untestable, as Grunbaum repeatedly says. But these failures miss the point and aim of psychoanalysis: to provide an organizing and comprehensive, non-tendentious, and persuasive narrative of human psychological development.

Should such a narrative be testable and falsifiable or else discarded (as the Logical Positivists insist)?

Depends if we wish to treat it as science or as an art form. This is the circularity of the arguments against psychoanalysis. If Freud's work is considered to be the modern equivalent of myth, religion, or literature - it need not be tested to be considered "true" in the deepest sense

of the word. After all, how much of the science of the 19th century has survived to this day anyhow?

The Dialogue of Dreams

By: *Dr. Sam Vaknin*

Are dreams a source of reliable divination? Generations upon generations seem to have thought so. They incubated dreams by travelling afar, by fasting and by engaging in all other manners of self deprivation or intoxication. With the exception of this highly dubious role, dreams do seem to have three important functions:

1. To process repressed emotions (wishes, in Freud's speech) and other mental content which was suppressed and stored in the unconscious.

2. To order, classify and, generally, to pigeonhole conscious experiences of the day or days preceding the dreaming ("day residues"). A partial overlap with the former function is inevitable: some sensory input is immediately relegated to the darker and dimmer kingdoms of the subconscious and unconscious without being consciously processed at all.

3. To "stay in touch" with the outside world. External sensory input is interpreted by the dream and represented in its unique language of symbols and disjunction. Research has shown this to be a rare event, independent of the timing of the stimuli: during sleep or immediately prior to it. Still, when it does happen, it seems that even when the interpretation is dead wrong – the substantial information is preserved. A collapsing bedpost (as in Maury's famous dream) will become a French

guillotine, for instance. The message conserved: there is physical danger to the neck and head.

All three functions are part of a much larger one:

The continuous adjustment of the model one has of one's self and of one's place in the world – to the incessant stream of sensory (external) input and of mental (internal) input. This "model modification" is carried out through an intricate, symbol laden, dialogue between the dreamer and himself. It probably also has therapeutic side benefits. It would be an over-simplification to say that the dream carries messages (even if we were to limit it to correspondence with one's self). The dream does not seem to be in a position of privileged knowledge. The dream functions more like a good friend would: listening, advising, sharing experiences, providing access to remote territories of the mind, putting events in perspective and in proportion and provoking. It, thus, induces relaxation and acceptance and a better functioning of the "client". It does so, mostly, by analysing discrepancies and incompatibilities. No wonder that it is mostly associated with bad emotions (anger, hurt, fear). This also happens in the course of successful psychotherapy. Defences are gradually dismantled and a new, more functional, view of the world is established. This is a painful and frightening process. This function of the dream is more in line with Jung's view of dreams as "compensatory". The previous three functions are "complementary" and, therefore, Freudian.

It would seem that we are all constantly engaged in maintenance, in preserving that which exists and inventing new strategies for coping. We are all in constant psychotherapy, administered by ourselves, day and night.

Dreaming is just the awareness of this on-going process and its symbolic content. We are more susceptible, vulnerable, and open to dialogue while we sleep. The dissonance between how we regard ourselves, and what we really are and between our model of the world and reality – this dissonance is so enormous that it calls for a (continuous) routine of evaluation, mending and re-invention. Otherwise, the whole edifice might crumble. The delicate balance between we, the dreamers, and the world might be shattered, leaving us defenceless and dysfunctional.

To be effective, dreams must come equipped with the key to their interpretation. We all seem to possess an intuitive copy of just such a key, uniquely tailored to our needs, to our data and to our circumstances. This Areiocritica helps us to decipher the true and motivating meaning of the dialogue. This is one reason why dreaming is discontinuous: time must be given to interpret and to assimilate the new model. Four to six sessions take place every night. A session missed will be held the night after. If a person is prevented from dreaming on a permanent basis, he will become irritated, then neurotic and then psychotic. In other words: his model of himself and of the world will no longer be usable. It will be out of synch. It will represent both reality and the non-dreamer wrongly. Put more succinctly: it seems that the famous "reality test" (used in psychology to set apart the "functioning, normal" individuals from those who are not) is maintained by dreaming. It fast deteriorates when dreaming is impossible. This link between the correct apprehension of reality (reality model), psychosis and dreaming has yet to be explored in depth. A few predictions can be made, though:

a. The dream mechanisms and/or dream contents of psychotics must be substantially different and distinguished from ours. Their dreams must be "dysfunctional", unable to tackle the unpleasant, bad emotional residue of coping with reality. Their dialogue must be disturbed. They must be represented rigidly in their dreams. Reality must not be present in them not at all.

b. Most of the dreams, most of the time must deal with mundane matters. Their content must not be exotic, surrealist, extraordinary. They must be chained to the dreamer's realities, his (daily) problems, people that he knows, situations that he encountered or is likely to encounter, dilemmas that he is facing and conflicts that he would have liked resolved. This, indeed, is the case. Unfortunately, this is heavily disguised by the symbol language of the dream and by the disjointed, disjunctive, dissociative manner in which it proceeds. But a clear separation must be made between subject matter (mostly mundane and "dull", relevant to the dreamer's life) and the script or mechanism (colourful symbols, discontinuity of space, time and purposeful action).

c. The dreamer must be the main protagonist of his dreams, the hero of his dreamy narratives. This, overwhelmingly, is the case: dreams are egocentric. They are

concerned mostly with the "patient" and use other figures, settings, locales, situations to cater to his needs, to reconstruct his reality test and to adapt it to the new input from outside and from within.

d. If dreams are mechanisms, which adapt the model of the world and the reality test to daily inputs – we should find a difference between dreamers and dreams in different societies and cultures. The more "information heavy" the culture, the more the dreamer is bombarded with messages and data – the fiercer should the dream activity be. Every external datum likely generates a shower of internal data. Dreamers in the West should engage in a qualitatively different type of dreaming. We will elaborate on this as we continue. Suffice it to say, at this stage, that dreams in information-cluttered societies will employ more symbols, will weave them more intricately and the dreams will be much more erratic and discontinuous. As a result, dreamers in information-rich societies will never mistake a dream for reality. They will never confuse the two. In information poor cultures (where most of the daily inputs are internal) – such confusion will arise very often and even be enshrined in religion or in the prevailing theories regarding the world. Anthropology confirms that this, indeed, is the case. In information poor societies dreams are less

symbolic, less erratic, more continuous, more "real" and the dreamers often tend to fuse the two (dream and reality) into a whole and act upon it.

e. To complete their mission successfully (adaptation to the world using the model of reality modified by them) – dreams must make themselves felt. They must interact with the dreamer's real world, with his behaviour in it, with his moods that bring his behaviour about, in short: with his whole mental apparatus. Dreams seem to do just this: they are remembered in half the cases. Results are, probably, achieved without need for cognitive, conscious processing, in the other, unremembered, or disremembered cases. They greatly influence the immediate mood after awakening. They are discussed, interpreted, force people to think and re-think. They are dynamos of (internal and external) dialogue long after they have faded into the recesses of the mind. Sometimes they directly influence actions and many people firmly believe in the quality of the advice provided by them. In this sense, dreams are an inseparable part of reality. In many celebrated cases they even induced works of art or inventions or scientific discoveries (all adaptations of old, defunct, reality models of the dreamers). In numerous documented cases, dreams tackled, head on, issues that

bothered the dreamers during their waking hours.

How does this theory fit with the hard facts?

Dreaming (D-state or D-activity) is associated with a special movement of the eyes, under the closed eyelids, called Rapid Eye Movement (REM). It is also associated with changes in the pattern of electrical activity of the brain (EEG). A dreaming person has the pattern of someone who is wide awake and alert. This seems to sit well with a theory of dreams as active therapists, engaged in the arduous task of incorporating new (often contradictory and incompatible) information into an elaborate personal model of the self and the reality that it occupies.

There are two types of dreams: visual and "thought-like" (which leave an impression of being awake on the dreamer). The latter happens without any REM cum EEG fanfare. It seems that the "model-adjustment" activities require abstract thinking (classification, theorizing, predicting, testing, etc.). The relationship is very much like the one that exists between intuition and formalism, aesthetics and scientific discipline, feeling and thinking, mentally creating and committing one's creation to a medium.

All mammals exhibit the same REM/EEG patterns and may, therefore, be dreaming as well. Some birds do it, and some reptiles as well. Dreaming seems to be associated with the brain stem (Pontine tegmentum) and with the secretion of Norepinephrine and Serotonin in the brain. The rhythm of breathing and the pulse rate change and the skeletal muscles are relaxed to the point of paralysis

(presumably, to prevent injury if the dreamer should decide to engage in enacting his dream). Blood flows to the genitals (and induces penile erections in male dreamers). The uterus contracts and the muscles at the base of the tongue enjoy a relaxation in electrical activity.

These facts would indicate that dreaming is a very primordial activity. It is essential to survival. It is not necessarily connected to higher functions like speech but it is connected to reproduction and to the biochemistry of the brain. The construction of a "world-view", a model of reality is as critical to the survival of an ape as it is to ours. And the mentally disturbed and the mentally retarded dream as much as the normal do. Such a model can be innate and genetic in very simple forms of life because the amount of information that needs to be incorporated is limited. Beyond a certain amount of information that the individual is likely to be exposed to daily, two needs arise. The first is to maintain the model of the world by eliminating "noise" and by realistically incorporating negating data and the second is to pass on the function of modelling and remodelling to a much more flexible structure, to the brain. In a way, dreams are about the constant generation, construction and testing of theories regarding the dreamer and his ever-changing internal and external environments. Dreams are the scientific community of the Self. That Man carried it further and invented Scientific Activity on a larger, external, scale is small wonder.

Physiology also tells us the differences between dreaming and other hallucinatory states (nightmares, psychoses, sleepwalking, daydreaming, hallucinations, illusions and mere imagination): the REM/EEG patterns are absent and the latter states are much less "real". Dreams are mostly

set in familiar places and obey the laws of nature or some logic. Their hallucinatory nature is a hermeneutic imposition. It derives mainly from their erratic, abrupt behaviour (space, time and goal discontinuities) which is ONE of the elements in hallucinations as well.

Why is dreaming conducted while we sleep? Probably, there is something in it which requires what sleep has to offer: limitation of external, sensory, inputs (especially visual ones – hence the compensatory strong visual element in dreams). An artificial environment is sought in order to maintain this periodical, self-imposed deprivation, static state and reduction in bodily functions. In the last 6-7 hours of every sleep session, 40% of the people wake up. About 40% - possibly the same dreamers – report that they had a dream in the relevant night. As we descend into sleep (the hypnagogic state) and as we emerge from it (the hypnopompic state) – we have visual dreams. But they are different. It is as though we are "thinking" these dreams. They have no emotional correlate, they are transient, undeveloped, abstract and expressly deal with the day residues. They are the "garbage collectors", the "sanitation department" of the brain. Day residues, which clearly do not need to be processed by dreams – are swept under the carpet of consciousness (maybe even erased).

Suggestible people dream what they have been instructed to dream in hypnosis – but not what they have been so instructed while (partly) awake and under direct suggestion. This further demonstrates the independence of the Dream Mechanism. It almost does not react to external sensory stimuli while in operation. It takes an almost complete suspension of judgement in order to influence the contents of dreams.

It would all seem to point at another important feature of dreams: their economy. Dreams are subject to four "articles of faith" (which govern all the phenomena of life):

1. *Homeostasis* - The preservation of the internal environment, an equilibrium between (different but interdependent) elements which make up the whole.

2. *Equilibrium* - The maintenance of an internal environment in balance with an external one.

3. *Optimization* (also known as efficiency) - The securing of maximum results with minimum invested resources and minimum damage to other resources, not directly used in the process.

4. *Parsimony* (Occam's razor) - The utilization of a minimal set of (mostly known) assumptions, constraints, boundary conditions and initial conditions in order to achieve maximum explanatory or modelling power.

In compliance with the above four principles dreams HAD to resort to visual symbols. The visual is the most condensed (and efficient) form of packaging information. "A picture is worth a thousand words" the saying goes and computer users know that to store images requires more memory than any other type of data. But dreams have an unlimited capacity of information processing at their disposal (the brain at night). In dealing with gigantic amounts of information, the natural preference (when processing power is not constrained) would be to use visuals. Moreover, non-isomorphic, polyvalent forms will

be preferred. In other words: symbols that can be "mapped" to more than one meaning and those that carry a host of other associated symbols and meanings with them will be preferred. Symbols are a form of shorthand. They haul a great amount of information – most of it stored in the recipient's brain and provoked by the symbol. This is a little like the Java applets in modern programming: the application is divided to small modules, which are stored in a central computer. The symbols generated by the user's computer (using the Java programming language) "provoke" them to surface. The result is a major simplification of the processing terminal (the net-PC) and an increase in its cost efficiency.

Both collective symbols and private symbols are used. The collective symbols (Jung's archetypes?) prevent the need to re-invent the wheel. They are assumed to constitute a universal language usable by dreamers everywhere. The dreaming brain has, therefore, to attend to and to process only the "semi-private language" elements. This is less time consuming and the conventions of a universal language apply to the communication between the dream and the dreamer.

Even the discontinuities have their reason. A lot of the information that we absorb and process is either "noise" or repetitive. This fact is known to the authors of all the file compression applications in the world. Computer files can be compressed to one tenth their size without appreciably losing information. The same principle is applied in speed reading – skimming the unnecessary bits, getting straight to the point. The dream employs the same principles: it skims, it gets straight to the point and from it – to yet another point. This creates the sensation of being erratic, of abruptness, of the absence of spatial or temporal logic,

of purposelessness. But this all serves the same purpose: to succeed to finish the Herculean task of refitting the model of the Self and of the World in one night.

Thus, the selection of visuals, symbols, and collective symbols and of the discontinuous mode of presentation, their preference over alternative methods of representation is not accidental. This is the most economic and unambiguous way of representation and, therefore, the most efficient and the most in compliance with the four principles. In cultures and societies, where the mass of information to be processed is less mountainous – these features are less likely to occur and indeed, they don't.

Excerpts from an Interview about DREAMS - [First published in Suite101](#)

Dreams are by far the most mysterious phenomenon in mental life. On the face of it, dreaming is a colossal waste of energy and psychic resources. Dreams carry no overt information content. They bear little resemblance to reality. They interfere with the most critical biological maintenance function - with sleep. They don't seem to be goal oriented, they have no discernible objective. In this age of technology and precision, efficiency and optimization - dreams seem to be a somewhat anachronistically quaint relic of our life in the savannah. Scientists are people who believe in the aesthetic preservation of resources. They believe that nature is intrinsically optimal, parsimonious and "wise". They dream up symmetries, "laws" of nature, minimalist theories. They believe that everything has a reason and a purpose. In their approach to dreams and dreaming, scientists commit all these sins combined. They anthropomorphesize nature, they engage in teleological

explanations, they attribute purpose and paths to dreams, where there might be none. So, they say that dreaming is a maintenance function (the processing of the preceding day's experiences) - or that it keeps the sleeping person alert and aware of his environment. But no one knows for sure. We dream, no one knows why. Dreams have elements in common with dissociation or hallucinations but they are neither. They employ visuals because this is the most efficient way of packing and transferring information. But WHICH information? Freud's "Interpretation of Dreams" is a mere literary exercise. It is not a serious scientific work (which does not detract from its awesome penetration and beauty).

I have lived in Africa, the Middle East, North America, Western Europe and Eastern Europe. Dreams fulfil different societal functions and have distinct cultural roles in each of these civilizations. In Africa, dreams are perceived to be a mode of communication, as real as the internet is to us.

Dreams are pipelines through which messages flow: from the beyond (life after death), from other people (such as shamans - remember Castaneda), from the collective (Jung), from reality (this is the closest to Western interpretation), from the future (precognition), or from assorted divinities. The distinction between dream states and reality is very blurred and people act on messages contained in dreams as they would on any other information they obtain in their "waking" hours. This state of affairs is quite the same in the Middle East and Eastern Europe where dreams constitute an integral and important part of institutionalized religion and the subject of serious analyses and contemplation. In North America - the most narcissistic culture ever - dreams have been construed as

communications WITHIN the dreaming person. Dreams no longer mediate between the person and his environment. They are the representation of interactions between different structures of the "self". Their role is, therefore, far more limited and their interpretation far more arbitrary (because it is highly dependent on the personal circumstances and psychology of the specific dreamer).

Narcissism IS a dream state. The narcissist is totally detached from his (human) milieu. Devoid of empathy and obsessively centred on the procurement of narcissistic supply (adulation, admiration, etc.) - the narcissist is unable to regard others as three dimensional beings with their own needs and rights. This mental picture of narcissism can easily serve as a good description of the dream state where other people are mere representations, or symbols, in a hermeneutically sealed thought system. Both narcissism and dreaming are AUTISTIC states of mind with severe cognitive and emotional distortions. By extension, one can talk about "narcissistic cultures" as "dream cultures" doomed to a rude awakening. It is interesting to note that most narcissists I know from my correspondence or personally (myself included) have a very poor dream-life and dreamscape. They remember nothing of their dreams and are rarely, if ever, motivated by insights contained in them.

The Internet is the sudden and voluptuous embodiment of my dreams. It is too good to me to be true - so, in many ways, it isn't. I think Mankind (at least in the rich, industrialized countries) is moonstruck. It surfs this beautiful, white landscape, in suspended disbelief. It holds it breath. It dares not believe and believes not its hopes. The Internet has, therefore, become a collective phantasm

- at times a dream, at times a nightmare. Entrepreneurship involves massive amounts of dreaming and the net is pure entrepreneurship.

Use and Abuse of Differential Diagnoses

By: [Dr. Sam Vaknin](#)

The DSM IV-TR is a linear, descriptive (phenomenological), and bureaucratic. It is "medical", "mechanic-dynamic", and "physical" - akin to the old taxonomies in Botany and Zoology. It ignores life circumstances, biological and psychological processes, and lacks an overarching conceptual and exegetic framework. Moreover, the DSM is heavily influenced by fashion, prevailing social mores and lores, and by the legal and business environment.

The classification of Axis II personality disorders - deeply ingrained, maladaptive, lifelong behavior patterns - in the Diagnostic and Statistical Manual, fourth edition, text revision [American Psychiatric Association. DSM-IV-TR, Washington, 2000] - or the DSM-IV-TR for short - has come under sustained and serious criticism from its inception in 1952.

The DSM IV-TR adopts a categorical approach, postulating that personality disorders are *"qualitatively distinct clinical syndromes"* (p. 689). This is widely doubted. Even the distinction made between "normal" and "disordered" personalities is increasingly being rejected. The "diagnostic thresholds" between normal and abnormal are either absent or weakly supported.

The polythetic form of the DSM's Diagnostic Criteria - only a subset of the criteria is adequate grounds for a

diagnosis - generates unacceptable diagnostic heterogeneity. In other words, people diagnosed with the same personality disorder may share only one criterion or none.

The DSM fails to clarify the exact relationship between Axis II and Axis I disorders and the way chronic childhood and developmental problems interact with personality disorders;

The differential diagnoses are vague and the personality disorders are insufficiently demarcated. The result is excessive co-morbidity (multiple Axis II diagnoses);

The DSM contains little discussion of what distinguishes normal character (personality), personality traits, or personality style (Millon) - from personality disorders;

A dearth of documented clinical experience regarding both the disorders themselves and the utility of various treatment modalities;

Numerous personality disorders are "not otherwise specified" - a catchall, basket "category";

Cultural bias is evident in certain disorders (such as the Antisocial and the Schizotypal);

The emergence of dimensional alternatives to the categorical approach is acknowledged in the DSM-IV-TR itself:

"An alternative to the categorical approach is the dimensional perspective that Personality Disorders

represent maladaptive variants of personality traits that merge imperceptibly into normality and into one another" (p.689)

The following issues - long neglected in the DSM - are likely to be tackled in future editions as well as in current research:

The longitudinal course of the disorder(s) and their temporal stability from early childhood onwards

The genetic and biological underpinnings of personality disorder(s)

The development of personality psychopathology during childhood and its emergence in adolescence

The interactions between physical health and disease and personality disorders

The effectiveness of various treatments - talk therapies as well as psychopharmacology.

1. The Concept of "Disease"

We are all terminally ill. It is a matter of time before we all die. Aging and death remain almost as mysterious as ever. We feel awed and uncomfortable when we contemplate these twin afflictions. Indeed, the very word denoting illness contains its own best definition: dis-ease. A mental component of lack of well being must exist SUBJECTIVELY. The person must FEEL bad, must experience discomfiture for his condition to qualify as a disease. To this extent, we are justified in classifying all diseases as "spiritual" or "mental".

Is there any other way of distinguishing health from sickness - a way that does NOT depend on the report that the patient provides regarding his subjective experience?

Some diseases are manifest and others are latent or immanent. Genetic diseases can exist - unmanifested - for generations. This raises the philosophical problem or whether a potential disease IS a disease? Are AIDS and Hemophilia carriers - sick? Should they be treated, ethically speaking? They experience no dis-ease, they report no symptoms, no signs are evident. On what moral grounds can we commit them to treatment? On the grounds of the "greater benefit" is the common response. Carriers threaten others and must be isolated or otherwise neutered. The threat inherent in them must be eradicated. This is a dangerous moral precedent. All kinds of people threaten our well-being: unsettling ideologists, the mentally handicapped, many politicians. Why should we single out our physical well-being as worthy of a privileged moral status? Why is our mental well being, for instance, of less import?

Moreover, the distinction between the psychic and the physical is hotly disputed, philosophically. The psychophysical problem is as intractable today as it ever was (if not more so). It is beyond doubt that the physical affects the mental and the other way around. This is what disciplines like psychiatry are all about. The ability to control "autonomous" bodily functions (such as heartbeat) and mental reactions to pathogens of the brain are proof of the artificialness of this distinction.

It is a result of the reductionist view of nature as divisible and summable. The sum of the parts, alas, is not always the whole and there is no such thing as an infinite set of

the rules of nature, only an asymptotic approximation of it. The distinction between the patient and the outside world is superfluous and wrong. The patient AND his environment are ONE and the same. Disease is a perturbation in the operation and management of the complex ecosystem known as patient-world. Humans absorb their environment and feed it in equal measures. This on-going interaction IS the patient. We cannot exist without the intake of water, air, visual stimuli and food. Our environment is defined by our actions and output, physical and mental.

Thus, one must question the classical differentiation between "internal" and "external". Some illnesses are considered "endogenic" (=generated from the inside). Natural, "internal", causes - a heart defect, a biochemical imbalance, a genetic mutation, a metabolic process gone awry - cause disease. Aging and deformities also belong in this category.

In contrast, problems of nurturance and environment - early childhood abuse, for instance, or malnutrition - are "external" and so are the "classical" pathogens (germs and viruses) and accidents.

But this, again, is a counter-productive approach. Exogenic and Endogenic pathogenesis is inseparable. Mental states increase or decrease the susceptibility to externally induced disease. Talk therapy or abuse (external events) alter the biochemical balance of the brain. The inside constantly interacts with the outside and is so intertwined with it that all distinctions between them are artificial and misleading. The best example is, of course, medication: it is an external agent, it influences internal processes and it has a very strong mental correlate

(=its efficacy is influenced by mental factors as in the placebo effect).

The very nature of dysfunction and sickness is highly culture-dependent. Societal parameters dictate right and wrong in health (especially mental health). It is all a matter of statistics. Certain diseases are accepted in certain parts of the world as a fact of life or even a sign of distinction (e.g., the paranoid schizophrenic as chosen by the gods). If there is no dis-ease there is no disease. That the physical or mental state of a person CAN be different - does not imply that it MUST be different or even that it is desirable that it should be different. In an over-populated world, sterility might be the desirable thing - or even the occasional epidemic. There is no such thing as ABSOLUTE dysfunction. The body and the mind ALWAYS function. They adapt themselves to their environment and if the latter changes - they change. Personality disorders are the best possible responses to abuse. Cancer may be the best possible response to carcinogens. Aging and death are definitely the best possible response to over-population. Perhaps the point of view of the single patient is incommensurate with the point of view of his species - but this should not serve to obscure the issues and derail rational debate.

As a result, it is logical to introduce the notion of "positive aberration". Certain hyper- or hypo- functioning can yield positive results and prove to be adaptive. The difference between positive and negative aberrations can never be "objective". Nature is morally-neutral and embodies no "values" or "preferences". It simply exists. WE, humans, introduce our value systems, prejudices and priorities into our activities, science included. It is better to be healthy, we say, because we feel better when we are healthy.

Circularity aside - this is the only criterion that we can reasonably employ. If the patient feels good - it is not a disease, even if we all think it is. If the patient feels bad, ego-dystonic, unable to function - it is a disease, even when we all think it isn't. Needless to say that I am referring to that mythical creature, the fully informed patient. If someone is sick and knows no better (has never been healthy) - then his decision should be respected only after he is given the chance to experience health.

All the attempts to introduce "objective" yardsticks of health are plagued and philosophically contaminated by the insertion of values, preferences and priorities into the formula - or by subjecting the formula to them altogether. One such attempt is to define health as "an increase in order or efficiency of processes" as contrasted with illness which is "a decrease in order (=increase of entropy) and in the efficiency of processes". While being factually disputable, this dyad also suffers from a series of implicit value-judgments. For instance, why should we prefer life over death? Order to entropy? Efficiency to inefficiency?

Health and sickness are different states of affairs. Whether one is preferable to the other is a matter of the specific culture and society in which the question is posed. Health (and its lack) is determined by employing three "filters" as it were:

1. Is the body affected?
2. Is the person affected? (dis-ease, the bridge between "physical" and "mental illnesses)
3. Is society affected?

In the case of mental health the third question is often formulated as "is it normal" (=is it statistically the norm of this particular society in this particular time)?

We must re-humanize disease. By imposing upon issues of health the pretensions of the accurate sciences, we objectified the patient and the healer alike and utterly neglected that which cannot be quantified or measured - the human mind, the human spirit.

Read "The Myth of Mental Illness"

2. **Psychology as Storytelling**

Storytelling has been with us since the days of campfire and besieging wild animals. It serves a number of important functions: amelioration of fears, communication of vital information (regarding survival tactics and the characteristics of animals, for instance), the satisfaction of a sense of order (justice), the development of the ability to hypothesize, predict and introduce theories and so on.

We are all endowed with a sense of wonder. The world around us in inexplicable, baffling in its diversity and myriad forms. We experience an urge to organize it, to "explain the wonder away", to order it in order to know what to expect next (predict). These are the essentials of survival. But while we have been successful at imposing the structures of our mind on the outside world – we are less successful when we try to cope with our internal universe.

The relationship between the structure and functioning of our (ephemeral) mind, the structure and modes of operation of our (physical) brain and the structure and

conduct of the outside world have been the subject matter of heated debate for millennia. Broadly speaking, there were (and still are) two schools of thought:

There are those who, for all intents and purposes, identify the substrate (brain) with its product (mind). Some of them postulate the existence of a lattice of preconceived, inborn categorical knowledge about the universe – the vessels into which we pour our experience to be molded.

Others regard the mind as a black box. While it is possible in principle to know its input and output, it is impossible, again in principle, to understand its internal functioning and management of information. Pavlov coined the word "conditioning", Watson adopted it and invented "behaviorism", Skinner came up with "reinforcement". But they all ignored the psychophysical question: what *IS* the mind and *HOW* is it linked to the brain?

The other camp fancies itself more "scientific" and "positivist". It speculates that the mind (whether a physical entity, an epiphenomenon, a non-physical principle of organization, or the result of introspection) – has a structure and a limited set of functions.

They argue that a "user's manual" for the mind could be composed, replete with engineering and maintenance instructions. The most prominent of these "psychodynamists" was, of course, Freud. Though his disciples (Adler, Horney, the object-relations lot) diverged wildly from his initial theories – they all shared his belief in the need to "scientify" and objectify psychology.

Freud – a medical doctor by profession (Neurologist) and Bleuler before him – came with a theory regarding the

structure of the mind and its mechanics: (suppressed) energies and (reactive) forces. Flow charts were provided together with a method of analysis, a mathematical physics (dynamics) of the mind.

But this was a mirage. An essential part was missing: the ability to test the hypotheses derived from these "theories". Still, their theories sounded convincing and, surprisingly, had great explanatory power. But - non-verifiable and non-falsifiable as they were – they could not be deemed to be *scientific*.

Psychological theories of the mind are metaphors of the mind. They are fables and myths, narratives, stories, hypotheses, conjunctures. They play (exceedingly) important roles in the psychotherapeutic setting – but not in the laboratory. Their form is artistic, not rigorous, not testable, less structured than theories in the natural sciences.

The language used in psychological theories is literary, polyvalent, rich, effusive, and fuzzy – in short, metaphorical. They are suffused with value judgments, cultural preferences, fears, post facto and ad hoc constructions. None of this has methodological, systematic, analytic and predictive merits.

Still, these theories are powerful descriptive instruments, admirable constructs of the mind. As such, they are bound to satisfy some needs. Their very existence proves it.

Peace of mind is an essential need, which was neglected by Maslow in his famous hierarchy of needs. People sacrifice material wealth, resist temptation, ignore

opportunities, and sometimes risk themselves and others – just to attain this bliss.

People prefer inner equilibrium to outer homeostasis. It is the fulfillment of this overriding need that psychological theories cater to. In this, they are no different than other collective narratives (myths, for instance).

In some respects, though, there are striking differences:

First, psychology is desperately trying to link up to reality and to scientific discipline by employing observation and measurement and by organizing its results and presenting them using the language of mathematics. This does not atone for its primordial sin: that its subject matter is ethereal, ephemeral and inaccessible. Still, it lends it an air of credibility and rigorousness.

Second, while historical narratives are "blanket" narratives – psychology is "tailored" or "customized". A unique narrative is invented for every patient (client) in which s/he is the protagonist (hero or anti-hero). This mass customization seems to reflect an age of increasing individualism.

True, the "language units" used in therapy (large chunks of denotates and connotates) are one and the same for every "user". In psychoanalysis, the therapist is likely to always make use of the tripartite structure of Id, Ego, Superego. But these are language elements and need not be confused with the plots. Each client, each person, and his own, unique, irreplicative, plot.

To qualify as a "psychological" plot, the narrative must be:

a. *All-inclusive (anamnetic)* – It must encompass, integrate and incorporate all the facts known about the protagonist.

b. *Coherent* – It must be chronological, structured and causal.

c. *Consistent* – Self-consistent (its subplots cannot contradict one another or go against the grain of the main plot) and consistent with the observed phenomena (both those related to the protagonist and those pertaining to the rest of the universe).

d. *Logically compatible* – It must not violate the laws of logic both internally (the plot must abide by some internally imposed logic) and externally (the Aristotelian logic which is applicable to the observable world).

e. *Insightful (diagnostic)* – It must inspire in the client a sense of awe and astonishment which is the result of seeing something familiar in a new light or the outcome of seeing a pattern emerging out of a big body of data. The insights must appear to be a logical conclusion of the development of the plot.

f. *Aesthetic* – The plot must be both plausible and "right", beautiful, not cumbersome, not awkward, not discontinuous, smooth and so on.

g. *Parsimonious* – The plot must employ the minimum numbers of assumptions and entities in order to satisfy all the above conditions.

h. ***Explanatory*** – The plot must explain the behavior of other characters, the hero's decisions and behavior, and why events unfolded the way that they did.

i. ***Predictive (prognostic)*** – The plot must possess the ability to predict future events, the future behavior of the hero and of other meaningful figures and the inner emotional and cognitive dynamics.

j. ***Therapeutic*** – With the power to induce change (whether it is for the better, is a matter of contemporary value judgments and fashions).

k. ***Imposing*** – The plot must be regarded by the client as a useful organizing principle of his life's events past, present, and future.

l. ***Elastic*** – The plot must possess the intrinsic abilities to self organize, reorganize, assimilate emerging order, accommodate new data comfortably, avoid rigidity in its modes of reaction to attacks from within and from without.

In all these respects, a psychological plot is a theory in disguise. Scientific theories must satisfy most of the same conditions. But the equation is flawed. The important elements of testability, verifiability, refutability, falsifiability, and repeatability – are all missing. No experiment could be designed to test the statements within the plot, to establish their truth-value and, thus, to convert them to theorems.

There are four reasons to account for this shortcoming:

1. ***Ethical*** – To substantiate a theory experiments would have to be conducted on the patient and others. To achieve the necessary result, the subjects must be ignorant of the fact that they are being experimented upon (in double blind experiments) or remain in the dark regarding what the experimenters want to achieve. Some experiments may involve unpleasant or even traumatic experiences. This is ethically unacceptable.

2. ***The Psychological Uncertainty Principle*** – The current position of a human subject can be fully known. But both treatment and experimentation influence the subject and void this knowledge. The very processes of measurement and observation influence the subject and change him or her.

3. ***Uniqueness*** – Psychological experiments are, therefore, bound to be unique. They cannot be repeated elsewhere and at other times even if they involve the ***SAME*** subjects. This is because the subjects are never really the same due to the above-mentioned ***psychological uncertainty principle***. Repeating the experiments with other subjects adversely affects the scientific value of the results.

4. ***The undergeneration of testable hypotheses*** – Psychology does not generate a sufficient number of hypotheses, which can be subjected to scientific testing. This has to do with the fabulous (=storytelling) nature of psychology. In a way, psychology has affinity with some private languages. It is a form of art and, as such, is self-

sufficient. If structural, internal constraints and requirements are met – a statement is deemed true even if it does not satisfy external scientific requirements.

So, what are plots good for? They are the instruments used in the procedures which induce peace of mind (even happiness) in the client. This is done with the help of a few embedded mechanisms:

a. ***The Organizing Principle*** – Psychological plots offer the client an organizing principle, a sense of order and ensuing justice, of an inexorable drive toward well defined (though, perhaps, hidden) goals, the ubiquity of meaning, being part of a whole. They strive to answer the "why's" and "how's". Plots are dialogic. The client asks: "why do I suffer from (here follows a syndrome)". Then, the plot is spun: "You are like this not because the world is whimsically cruel but because your parents mistreated you when you were very young, or because a person important to you died, or was taken away from you when you were still impressionable, or because you were sexually abused and so on". The client is calmed by the very fact that there is an explanation to that which until now monstrously taunted and haunted him, that he is not the plaything of vicious gods, that his discomfort has a label, that there is someone to blame (helpfully focusing his diffused anger) and, that, therefore, his belief in order, justice and their administration by some supreme, transcendental principle (or being) is restored. This sense of "law and order" is further enhanced when the plot yields predictions which come true (either because they

are self-fulfilling prophesies or because some real "law" has been discovered).

b. ***The Integrative Principle*** – The client is offered, through the plot, access to the innermost, hitherto inaccessible, recesses of his mind. He feels that he is being reintegrated, that "things fall into place". In psychodynamic terms, his energy is released to do productive and positive work, rather than to be channeled distorted and destructive forces.

c. ***The Purgatory Principle*** – In most cases, the client feels sinful, debased, inhuman, decrepit, corrupting, guilty, punishable, hateful, alienated, strange, mocked and so on. The plot offers him absolution. Like the highly symbolic story of the Savior – the client's sufferings expurgate, cleanse, absolve, and atone for his sins and handicaps. A feeling of hard won achievement accompanies the spinning of a successful plot. The client sheds layers of functional, maladaptive clothing. This is inordinately painful. The client feels dangerously naked, precariously exposed. He then assimilates the plot offered to him, thus enjoying the benefits emanating from the previous two principles and only then does he develop new mechanisms of coping. Therapy is a mental crucifixion and resurrection and atonement for the sins. It is highly religious with the plot in the role of the scriptures from which solace is gleaned.

3. **Personality Disorders - An Overview**

All personality disorders are interrelated, at least phenomenologically - though we have no Grand Unifying

Theory of Psychopathology. We do not know whether there are – and what are – the mechanisms underlying mental disorders. At best, mental health professionals record symptoms (as reported by the patient) and signs (as observed).

Then, they group them into syndromes and, more specifically, into disorders. This is descriptive, not explanatory science. Sure, there are a few etiological theories around (psychoanalysis, to mention the most famous) but they all failed to provide a coherent, consistent theoretical framework with predictive powers.

Patients suffering from personality disorders have many things in common:

1. Most of them are insistent (except those suffering from the Schizoid or the Avoidant Personality Disorders). They demand treatment on a preferential and privileged basis. They complain about numerous symptoms. They never obey the physician or his treatment recommendations and instructions.

2. They regard themselves as unique, display a streak of grandiosity and a diminished capacity for empathy (the ability to appreciate and respect the needs and wishes of other people). They regard the physician as inferior to them, alienate him using umpteen techniques and bore him with their never-ending self-preoccupation.

3. They are manipulative and exploitative because they trust no one and usually cannot love or share.

They are socially maladaptive and emotionally unstable.

4. Most personality disorders start out as problems in personal development which peak during adolescence and then become personality disorders. They stay on as enduring qualities of the individual. Personality disorders are stable and all-pervasive – not episodic. They affect most of the areas of functioning of the patient: his career, his interpersonal relationships, his social functioning.

5. The typical patients is unhappy. He is depressed, suffers from auxiliary mood and anxiety disorders. He does not like himself, his character, his (deficient) functioning, or his (crippling) influence on others. But his defences are so strong, that he is aware only of the distress – and not of the reasons to it.

6. The patient with a personality disorder is vulnerable to and prone to suffer from a host of other psychiatric problems. It is as though his psychological immunological system has been disabled by his personality disorder and he falls prey to other variants of mental illness. So much energy is consumed by the disorder and by its corollaries (example: by obsessions-compulsions, or mood swings), that the patient is rendered defenceless.

7. Patients with personality disorders are alloplastic in their defences. They have an external locus of control. In other words: they tend to blame the outside world for their mishaps. In stressful

situations, they try to pre-empt a (real or imaginary) threat, change the rules of the game, introduce new variables, or otherwise influence the world out there to conform to their needs. This is as opposed to autoplastic defences (internal locus of control) typical, for instance, of neurotics (who change their internal psychological processes in stressful situations).

8. The character problems, behavioural deficits and emotional deficiencies and lability encountered by patients with personality disorders are, mostly, ego-syntonic. This means that the patient does not, on the whole, find his personality traits or behaviour objectionable, unacceptable, disagreeable, or alien to his self. As opposed to that, neurotics are ego-dystonic: they do not like who they are and how they behave on a constant basis.

9. The personality-disordered are not psychotic. They have no hallucinations, delusions or thought disorders (except those who suffer from the Borderline Personality Disorder and who experience brief psychotic "microepisodes", mostly during treatment). They are also fully oriented, with clear senses (sensorium), good memory and a satisfactory general fund of knowledge.

The Diagnostic and Statistical Manual [American Psychiatric Association. DSM-IV-TR, Washington, 2000] defines "personality" as:

"…enduring patterns of perceiving, relating to, and thinking about the environment and oneself … exhibited in a wide range of important social and personal contexts."

Click here to read the DSM-IV-TR (2000) definition of personality disorders.

The international equivalent of the DSM is the ICD-10, Classification of Mental and Behavioural Disorders, published by the World Health Organization in Geneva (1992).

Click here to read the ICD-10 diagnostic criteria for the personality disorders.

Each personality disorder has its own form of Narcissistic Supply:

a. **HPD** (Histrionic PD) – Sex, seduction, "conquests", flirtation, romance, body-building, demanding physical regime;
b. **NPD** (Narcissistic PD) – Adulation, admiration, attention, being feared;
c. **BPD** (Borderline PD) – The presence of their mate or partner (they are terrified of abandonment);
d. **AsPD** (Antisocial PD) – Money, power, control, fun.

Borderlines, for instance, can be described as narcissist with an overwhelming separation anxiety. They **DO** care deeply about not hurting others (though often they cannot help it) – but not out of empathy. Theirs is a selfish motivation to avoid rejection. Borderlines depend on other people for emotional sustenance. A drug addict is unlikely

to pick up a fight with his pusher. But Borderlines also have deficient impulse control, as do Antisocials. Hence their emotional lability, erratic behaviour, and the abuse they do heap on their nearest and dearest.

4. **An Example of a Unifying Approach**

We are all narcissists at an early stage of our lives. As infants, we feel that we are the centre of the universe, omnipotent and omniscient. Our parents, those mythical figures, immortal and awesomely powerful, are there only to protect and serve us. Both self and others are viewed immaturely, as idealisations.

Inevitably, the inexorable processes and conflicts of life grind these ideals into the fine dust of the real. Disappointments follow disillusionment. When these are gradual and tolerable, they are adaptive. If abrupt, capricious, arbitrary, and intense, the injuries sustained by the tender, budding self-esteem, are irreversible.

Moreover, the empathic support of the caretakers (the Primary Objects, the parents) is crucial. In its absence, self-esteem in adulthood tends to fluctuate, to alternate between over-valuation (idealisation) and devaluation of both self and others.

Narcissistic adults are the result of bitter disappointments, of radical disillusionment with parents, role models, or peers. Healthy adults accept their limitations (the boundaries of their selves). They accept disappointments, setbacks, failures, criticism and disillusionment with grace and tolerance. Their sense of self-worth is constant and positive, minimally affected by outside events, no matter how severe.

The common view is that we go through the stages of a linear development. We are propelled forward by various forces: the Libido (force of life) and the Thanatos (force of death) in Freud's tripartite model, Meaning in Frenkel's work, socially mediated phenomena (in both Adler's thinking and in Behaviourism), our cultural context (in Horney's opera), interpersonal relations (Sullivan) and neurobiological and neurochemical processes, to mention but a few schools of developmental psychology.

In an effort to gain respectability, many scholars attempted to propose a "physics of the mind". But these thought systems differ on many issues. Some say that personal development ends in childhood, others – during adolescence. Yet others say that development is a process which continues throughout the life of the individual.

Common to all these schools of thought are the mechanics and dynamics of the process of personal growth. Forces – inner or external – facilitate the development of the individual. When an obstacle to development is encountered, development is stunted or arrested – but not for long. A distorted pattern of development, a bypass appears.

Psychopathology is the outcome of perturbed growth. Humans can be compared to trees. When a tree encounters a physical obstacle to its expansion, its branches or roots curl around it. Deformed and ugly, they still reach their destination, however late and partially.

Psychopathologies are, therefore, adaptative mechanisms. They allow the individual to continue to grow around obstacles. The nascent personality twists and turns,

deforms itself, is transformed – until it reaches a functional equilibrium, which is not too ego-dystonic.

Having reached that point, it settles down and continues its more or less linear pattern of growth. The forces of life (as expressed in the development of the personality) are stronger than any hindrance. The roots of trees crack mighty rocks, microbes live in the most poisonous surroundings.

Similarly, humans form those personality structures which are optimally suited to their needs and outside constraints. Such personality configurations may be abnormal – but their mere existence proves that they have triumphed in the delicate task of successful adaptation.

Only death puts a stop to personal growth and development. Life's events, crises, joys and sadness, disappointments and surprises, setbacks and successes – all contribute to the weaving of the delicate fabric called "personality".

When an individual (at any age) encounters an obstacle to the orderly progression from one stage of development to another – he retreats at first to his early childhood's narcissistic phase rather than circumvent or "go around" the hindrance.

The process is three-phased:

(1) The person encounters an obstacle

(2) The person regresses to the infantile narcissistic phase

(3) Thus recuperated, the person confronts the obstacle again.

While in step (2), the person displays childish, immature behaviours. He feels that he is omnipotent and misjudges his powers and the might of the opposition. He underestimates challenges facing him and pretends to be "Mr. Know-All". His sensitivity to the needs and emotions of others and his ability to empathise with them deteriorates sharply. He becomes intolerably haughty with sadistic and paranoid tendencies.

Above all, he then demands unconditional admiration, even when he does not deserve it. He is preoccupied with fantastic, magical, thinking and daydreams his life away. He tends to exploit others, to envy them, to be edgy and explode with unexplained rage.

People whose psychological development is obstructed by a formidable obstacle – mostly revert to excessive and compulsive behaviour patterns. To put it succinctly: whenever we experience a major life crisis (which hinders our personal growth and threatens it) – we suffer from a mild and transient form of the [Narcissistic Personality Disorder](#).

This fantasy world, full of falsity and hurt feelings, serves as a springboard from which the rejuvenated individual resumes his progress towards the next stage of personal growth. This time around, faced with the same obstacle, he feels sufficiently potent to ignore it or to attack it.

In most cases, the success of this second onslaught is guaranteed by the delusional assessment that the obstacle's fortitude and magnitude are diminished. This,

indeed, is the main function of this reactive, episodic, and transient narcissism: to encourage magical thinking, to wish the problem away or to enchant it or to tackle and overcome it from a position of omnipotence.

A structural abnormality of personality arises only when recurrent attacks fail constantly and consistently to eliminate the obstacle, or to overcome the hindrance. The contrast between the fantastic world (temporarily) occupied by the individual and the real world in which he keeps being frustrated – is too acute to countenance for long without a resulting deformity.

This dissonance - the gap between grandiose fantasy and frustrating reality - gives rise to the unconscious "decision" to go on living in the world of fantasy, grandiosity and entitlement. It is better to feel special than to feel inadequate. It is better to be omnipotent than psychologically impotent. To (ab)use others is preferable to being (ab)used by them. In short: it is better to remain a pathological narcissist than to face harsh, unyielding reality.

Not all personality disorders are fundamentally narcissistic. Yet, I think that the default, when growth is stunted by the existence of a persistent obstacle, is remission to the the narcissistic phase of early personal development. I further believe that this is the **ONLY** default available to the individual: whenever he comes across an obstacle, he regresses to the narcissistic phase. How can this be reconciled with the diversity of mental illnesses?

"Narcissism" is the substitution of a False Self for the True Self. This, arguably, is the predominant feature of

narcissism: the True Self is repressed, relegated to irrelevance and obscurity, left to degenerate and decay. In its stead, a psychological structure is formed and projected unto the outside world – the False Self.

The narcissist's False Self is reflected at him by other people. This "proves" to the narcissist that the False Self indeed exists independently, that it is not entirely a figment of the narcissist's imagination and, therefore, that it is a legitimate successor to the True Self. It is this characteristic which is common to all psychopathologies: the emergence of false psychic structures which usurp the powers and capacities of the previous, legitimate and authentic ones.

Horrified by the absence of a clearly bounded, cohesive, coherent, reliable, and self-regulating self – the mentally abnormal person resorts to one of the following solutions, all of which involve reliance upon fake or invented personality constructs:

a. ***The Narcissistic Solution*** – The True Self is replaced by a False Self. The Schizotypal Personality Disorder also largely belongs here because of its emphasis on fantastic and magical thinking. The Borderline Personality Disorder (BPD) is a case of a failed narcissistic solution. In BPD, the patient is aware that the solution that she opted for is "not working". This is the source of her separation anxiety (fear of abandonment). This generates her identity disturbance, her affective and emotional lability, suicidal ideation and suicidal action, chronic feelings of emptiness, rage attacks, and transient (stress related) paranoid ideation.

b. ***The Appropriation Solution*** – This is the appropriation, or the confiscation of someone else's self in order to fill the vacuum left by the absence of a functioning Ego. While some Ego functions are available internally – others are adopted by the "appropriating personality". The Histrionic Personality Disorder is an example of this solution. Mothers who "sacrifice" their lives for their children, people who live vicariously, through others – all belong to this category. So do people who dramatise their lives and their behaviour, in order to attract attention. The "appropriators" misjudge the intimacy of their relationships and the degree of commitment involved, they are easily suggestible and their whole personality seems to shift and fluctuate with input from the outside. Because they have no Self of their own (even less so than "classical" narcissists) – the "appropriators" tend to over-rate and over-emphasise their bodies. Perhaps the most striking example of this type of solution is the Dependent Personality Disorder.

c. ***The Schizoid Solution*** – These patients are mental zombies, trapped forever in the no-man's land between stunted growth and the narcissistic default. They are not narcissists because they lack a False Self – nor are they fully developed adults, because their True Self is immature and dysfunctional. They prefer to avoid contact with others (they lack empathy, as does the narcissist) in order not to upset their delicate tightrope act. Withdrawing from the world is an adaptive solution because it does not expose the patient's inadequate personality structures (especially his

self) to onerous – and failure bound – tests. The Schizotypal Personality Disorder is a mixture of the narcissistic and the schizoid solutions. The Avoidant Personality Disorder is a close kin.

d. ***The Aggressive Destructive Solution*** – These people suffer from hypochondriasis, depression, suicidal ideation, dysphoria, anhedonia, compulsions and obsessions and other expressions of internalised and transformed aggression directed at a self which is perceived to be inadequate, guilty, disappointing and worthy of nothing but elimination. Many of the narcissistic elements are present in an exaggerated form. Lack of empathy becomes reckless disregard for others, irritability, deceitfulness and criminal violence. Undulating self-esteem is transformed into impulsiveness and failure to plan ahead. The Antisocial Personality Disorder is a prime example of this solution, whose essence is: the total control of a False Self, without the mitigating presence of a shred of True Self.

Perhaps this common feature – the replacement of the original structures of the personality by new, invented, mostly false ones – is what causes one to see narcissists everywhere. This common denominator is most accentuated in the Narcissistic Personality Disorder.

The interaction, really, the battle, between the struggling original remnants of the personality and the malignant and omnivorous new structures – can be discerned in all forms of psychic abnormality. The question is: if many phenomena have one thing in common – should they be

considered one and the same, or, at least, caused by the same?

I say that the answer in the case of personality disorders should be in the affirmative. I think that all the known personality disorders are forms of [malignant self-love](). In each personality disorder, different attributes are differently emphasised, different weights attach to different behaviour patterns. But these, in my view, are all matters of quantity, not of quality. The myriad deformations of the reactive patterns collectively known as "personality" all belong to the same family.

__Back to Table of Contents__

Althusser - A Critique:
Competing Interpellations and the Third Text

By: [Dr. Sam Vaknin](#)

With the exception of Nietzsche, no other madman has contributed so much to human sanity as has Louis Althusser. He is mentioned twice in the Encyclopaedia Britannica as someone's teacher. There could be no greater lapse: for two important decades (the 60s and the 70s), Althusser was at the eye of all the important cultural storms. He fathered quite a few of them.

This newly-found obscurity forces me to summarize his work before suggesting a few (minor) modifications to it.

(1) Society consists of practices: economic, political and ideological.

Althusser defines a practice as:

> *"Any process of transformation of a determinate product, affected*
> *by a determinate human labour, using determinate means (of production)"*

The economic practice (the historically specific mode of production) transforms raw materials to finished products using human labour and other means of production, all organized within defined webs of inter-relations. The political practice does the same with social relations as the raw materials. Finally, ideology is the transformation of

the way that a subject relates to his real life conditions of existence.

This is a rejection of the mechanistic worldview (replete with bases and superstructures). It is a rejection of the Marxist theorization of ideology. It is a rejection of the Hegelian fascist ***"social totality".*** It is a dynamic, revealing, modern day model.

In it, the very existence and reproduction of the social base (not merely its expression) is dependent upon the social superstructure. The superstructure is "***relatively autonomous"*** and ideology has a central part in it - see entry about Marx and Engels and entry concerning Hegel.

The economic structure is determinant but another structure could be dominant, depending on the historical conjuncture. Determination (now called over-determination - see Note) specifies the form of economic production upon which the dominant practice depends. Put otherwise: the economic is determinant not because the practices of the social formation (political and ideological) are the social formation's expressive epiphenomena - but because it determines WHICH of them is dominant.

(2) People relate to the conditions of existence through the practice of ideology. Contradictions are smoothed over and (real) problems are offered false (though seemingly true) solutions. Thus, ideology has a realistic dimension - and a dimension of representations (myths, concepts, ideas, images). There is (harsh, conflicting) reality - and the way that we represent it both to ourselves and to others.

(3) To achieve the above, ideology must not be seen to err or, worse, remain speechless. It, therefore, confronts and poses (to itself) only answerable questions. This way, it remains confined to a fabulous, legendary, contradiction-free domain. It ignores other questions altogether.

(4) Althusser introduced the concept of "The Problematic":

"The objective internal reference ... the system of questions commanding the answers given"

It determines which problems, questions and answers are part of the game - and which should be blacklisted and never as much as mentioned. It is a structure of theory (ideology), a framework and the repertoire of discourses which - ultimately - yield a text or a practice. All the rest is excluded.

It, therefore, becomes clear that what is omitted is of no less importance than what is included in a text. The problematic of a text relates to its historical context ("moment") by incorporating both: inclusions as well as omissions, presences as much as absences. The problematic of the text fosters the generation of answers to posed questions - and of defective answers to excluded questions.

(5) The task of *"scientific"* (e.g., Marxist) discourse, of Althusserian critical practice is to deconstruct the problematic, to read through ideology and evidence the real conditions of existence. This is a *"symptomatic reading"* of TWO TEXTS:

*"It divulges the undivulged event in the text that it reads and, in the
same movement, relates to it a different text, present, as a necessary
absence, in the first ... (Marx's reading of Adam Smith) presupposes
the existence of two texts and the measurement of the first against
the second. But what distinguishes this new reading from the old,
is the fact that in the new one, the second text is articulated with the
lapses in the first text ... (Marx measures) the problematic contained
in the paradox of an answer which does not correspond
to any questions posed."*

Althusser is contrasting the manifest text with a latent text
which is the result of the lapses, distortions, silences and
absences in the manifest text. The latent text is the "diary
of the struggle" of the unposed question to be posed and
answered.

(6) Ideology is a practice with lived and material
dimensions. It has costumes, rituals, behaviour patterns,
ways of thinking. The State employs Ideological
Apparatuses (ISAs) to reproduce ideology through
practices and productions: (organized) religion, the
education system, the family, (organized) politics, the
media, the industries of culture.

*"All ideology has the function (which defines it) of 'constructing'
concrete individuals as subjects"*

Subjects to what? The answer: to the material practices of the ideology. This (the creation of subjects) is done by the acts of "hailing" or "interpellation". These are acts of attracting attention (hailing) , forcing the individuals to generate meaning (interpretation) and making them participate in the practice.

These theoretical tools were widely used to analyze the Advertising and the film industries.

The ideology of consumption (which is, undeniably, the most material of all practices) uses advertising to transform individuals to subjects (=to consumers). It uses advertising to interpellate them. The advertisements attract attention, force people to introduce meaning to them and, as a result, to consume. The most famous example is the use of "People like you (buy this or do that)" in ads. The reader / viewer is interpellated both as an individual ("you") and as a member of a group ("people like..."). He occupies the empty (imaginary) space of the "you" in the ad. This is ideological "misrecognition". First, many others misrecognize themselves as that "you" (an impossibility in the real world). Secondly, the misrecognized "you" exists only in the ad because it was created by it, it has no real world correlate.

The reader or viewer of the ad is transformed into the subject of (and subject to) the material practice of the ideology (consumption, in this case).

Althusser was a Marxist. The dominant mode of production in his days (and even more so today) was capitalism. His implied criticism of the material dimensions of ideological practices should be taken with

more than a grain of salt. Interpellated by the ideology of Marxism himself, he generalized on his personal experience and described ideologies as infallible, omnipotent, ever successful. Ideologies, to him, were impeccably functioning machines which can always be relied upon to reproduce subjects with all the habits and thought patterns required by the dominant mode of production.

And this is where Althusser fails, trapped by dogmatism and more than a touch of paranoia. He neglects to treat two all-important questions (his problematic may have not allowed it):

(a) What do ideologies look for? Why do they engage in their practice? What is the ultimate goal?

(b) What happens in a pluralistic environment rich in competing ideologies?

Althusser stipulates the existence of two texts, manifest and hidden. The latter co-exists with the former, very much as a black figure defines its white background. The background is also a figure and it is only arbitrarily - the result of historical conditioning - that we bestow a preferred status upon the one. The latent text can be extracted from the manifest one by listening to the absences, the lapses and the silences in the manifest text.

But: what dictates the laws of extraction? how do we know that the latent text thus exposed is THE right one? Surely, there must exist a procedure of comparison, authentication and verification of the latent text?

A comparison of the resulting latent text to the manifest text from which it was extracted would be futile because it would be recursive. This is not even a process of iteration. It is teutological. There must exist a THIRD, "master-text", a privileged text, historically invariant, reliable, unequivocal (indifferent to interpretation-frameworks), universally accessible, atemporal and non-spatial. This third text is COMPLETE in the sense that it includes both the manifest and the latent. Actually, it should include all the possible texts (a LIBRARY function). The historical moment will determine which of them will be manifest and which latent, according to the needs of the mode of production and the various practices. Not all these texts will be conscious and accessible to the individual but such a text would embody and dictate the rules of comparison between the manifest text and ITSELF (the Third Text) , being the COMPLETE text.

Only through a comparison between a partial text and a complete text can the deficiencies of the partial text be exposed. A comparison between partial texts will yield no certain results and a comparison between the text and itself (as Althusser suggests) is absolutely meaningless.

This Third Text is the human psyche. We constantly compare texts that we read to this Third Text, a copy of which we all carry with us. We are unaware of most of the texts incorporated in this master text of ours. When faced with a manifest text which is new to us, we first "download" the "rules of comparison (engagement)". We sift through the manifest text. We compare it to our COMPLETE master text and see which parts are missing. These constitute the latent text. The manifest text serves as a trigger which brings to our consciousness appropriate

and relevant portions of the Third Text. It also generates the latent text in us.

If this sounds familiar it is because this pattern of confronting (the manifest text), comparing (with our master text) and storing the results (the latent text and the manifest text are brought to consciousness) - is used by mother nature itself. The DNA is such a "Master Text, Third Text". It includes all the genetic-biological texts some manifest, some latent. Only stimuli in its environment (=a manifest text) can provoke it to generate its own (hitherto latent) "text". The same would apply to computer applications.

The Third Text, therefore, has an invariant nature (it includes all possible texts) - and, yet, is changeable by interacting with manifest texts. This contradiction is only apparent. The Third Text does not change - only different parts of it are brought to our awareness as a result of the interaction with the manifest text. We can also safely say that one does not need to be an Althusserian critic or engage in "scientific" discourse to deconstruct the problematic. Every reader of text immediately and always deconstructs it. The very act of reading involves comparison with the Third Text which inevitably leads to the generation of a latent text.

And this precisely is why some interpellations fail. The subject deconstructs every message even if he is not trained in critical practice. He is interpellated or fails to be interpellated depending on what latent message was generated through the comparison with the Third Text. And because the Third Text includes ALL possible texts, the subject is given to numerous competing interpellations offered by many ideologies, mostly at odds with each

other. The subject is in an environment of COMPETING INTERPELLATIONS (especially in this day and age of information glut). The failure of one interpellation - normally means the success of another (whose interpellation is based on the latent text generated in the comparison process or on a manifest text of its own, or on a latent text generated by another text).

There are competing ideologies even in the most severe of authoritarian regimes. Sometimes, IASs within the same social formation offer competing ideologies: the political Party, the Church, the Family, the Army, the Media, the Civilian Regime, the Bureaucracy. To assume that interpellations are offered to the potential subjects successively (and not in parallel) defies experience (though it does simplify the thought-system).

Clarifying the HOW, though, does not shed light on the WHY.

Advertising leads to the interpellation of the subject to effect the material practice of consumption. Put more simply: there is money involved. Other ideologies - propagated through organized religions, for instance - lead to prayer. Could this be the material practice that they are looking for? No way. Money, prayer, the very ability to interpellate - they are all representations of power over other human beings. The business concern, the church, the political party, the family, the media, the culture industries - are all looking for the same thing: influence, power, might. Absurdly, interpellation is used to secure one paramount thing: the ability to interpellate. Behind every material practice stands a psychological practice (very much as the Third Text - the psyche - stands behind every text, latent or manifest).

The media could be different: money, spiritual prowess, physical brutality, subtle messages. But everyone (even individuals in their private life) is looking to hail and interpellate others and thus manipulate them to succumb to their material practices. A short sighted view would say that the businessman interpellates in order to make money. But the important question is: what ever for? What drives ideologies to establish material practices and to interpellate people to participate in them and become subjects? The will to power. the wish to be able to interpellate. It is this cyclical nature of Althusser's teachings (ideologies interpellate in order to be able to interpellate) and his dogmatic approach (ideologies never fail) which doomed his otherwise brilliant observations to oblivion.

Note

In Althusser's writings the Marxist determination remains as Over-determination. This is a structured articulation of a number of contradictions and determinations (between the practices). This is very reminiscent of Freud's Dream Theory and of the concept of Superposition in Quantum Mechanics.

T H E   A U T H O R

S h m u e l   (S a m)   V a k n i n

Curriculum Vitae

Born in 1961 in Qiryat-Yam, Israel.
Served in the Israeli Defence Force (1979-1982) in training and education units.

Education

Graduated a few semesters in the Technion – Israel Institute of Technology, Haifa.
Ph.D. in Philosophy (major: Philosophy of Physics) – Pacific Western University, California, USA.
Graduate of numerous courses in Finance Theory and International Trading.
Certified E-Commerce Concepts Analyst by Brainbench.
Certified in Psychological Counselling Techniques by Brainbench.
Certified Financial Analyst by Brainbench.
Full proficiency in Hebrew and in English.

Business Experience

1 9 8 0   t o   1 9 8 3
Founder and co-owner of a chain of computerized information kiosks in Tel-Aviv, Israel.

1 9 8 2   t o   1 9 8 5
Senior positions with the Nessim D. Gaon Group of Companies in Geneva, Paris and New-York (NOGA and APROFIM SA):

– Chief Analyst of Edible Commodities in the Group's Headquarters in Switzerland

– Manager of the Research and Analysis Division

– Manager of the Data Processing Division

– Project Manager of the Nigerian Computerized Census

– Vice President in charge of RND and Advanced Technologies

– Vice President in charge of Sovereign Debt Financing

1985 to 1986
Represented Canadian Venture Capital Funds in Israel.

1986 to 1987
General Manager of IPE Ltd. in London. The firm financed international multi-lateral countertrade and leasing transactions.

1988 to 1990
Co-founder and Director of "Mikbats-Tesuah", a portfolio management firm based in Tel-Aviv.

Activities included large-scale portfolio management, underwriting, forex trading and general financial advisory services.

1990 to Present
Freelance consultant to many of Israel's Blue-Chip firms, mainly on issues related to the capital markets in Israel, Canada, the UK and the USA.

Consultant to foreign RND ventures and to governments on macro-economic matters.

Freelance journalist and analyst for various media in the USA.

1990 to 1995
President of the Israel chapter of the Professors World Peace Academy (PWPA) and (briefly) Israel representative of the "Washington Times".

1993 to 1994
Co-owner and Director of many business enterprises:

– The Omega and Energy Air-Conditioning Concern

– AVP Financial Consultants

– Handiman Legal Services – Total annual turnover of the group: 10 million
 USD.

Co-owner, Director and Finance Manager of COSTI Ltd. – Israel's largest computerized information vendor and developer. Raised funds through a series of private placements locally in the USA, Canada and London.

1993 to 1996
Publisher and Editor of a Capital Markets Newsletter distributed by subscription only to dozens of subscribers countrywide.

In a legal precedent in 1995 – studied in business schools and law faculties across Israel – was tried for his role in an attempted takeover of Israel's Agriculture Bank.

Was interned in the State School of Prison Wardens.

Managed the Central School Library, wrote, published and lectured on various occasions.

Managed the Internet and International News Department of an Israeli mass media group, "Ha-Tikshoret and Namer".

Assistant in the Law Faculty in Tel-Aviv University (to Prof. S.G. Shoham).

1996 to 1999

Financial consultant to leading businesses in Macedonia, Russia and the Czech Republic.

Economic commentator in "Nova Makedonija", "Dnevnik", "Makedonija Denes", "Izvestia", "Argumenti i Fakti", "The Middle East Times", "The New Presence", "Central Europe Review", and other periodicals, and in the economic programs on various channels of Macedonian Television.

Chief Lecturer in Macedonia in courses organized by the Agency of Privatization, by the Stock Exchange, and by the Ministry of Trade.

1999 to 2002

Economic Advisor to the Government of the Republic of Macedonia and to the Ministry of Finance.

2001 to 2003

Senior Business Correspondent for United Press International (UPI).

Web and Journalistic Activities

Author of extensive Web sites in:

– Psychology ("Malignant Self Love") – An Open Directory Cool Site,

– Philosophy ("Philosophical Musings"),

– Economics and Geopolitics ("World in Conflict and Transition").

Owner of the Narcissistic Abuse Study List and the Abusive Relationships Newsletter (more than 6000 members).

Owner of the Economies in Conflict and Transition Study List, the Toxic Relationships Study List, and the Link and Factoid Study List.

Editor of mental health disorders and Central and Eastern Europe categories in various Web directories (Open Directory, Search Europe, Mentalhelp.net).

Editor of the Personality Disorders, Narcissistic Personality Disorder, the Verbal and Emotional Abuse, and the Spousal (Domestic) Abuse and Violence topics on Suite 101 and Bellaonline.

Columnist and commentator in "The New Presence", United Press International (UPI), InternetContent, eBookWeb, PopMatters, "Global Politician", eBookNet, and "Central Europe Review".

Publications and Awards

"Managing Investment Portfolios in States of Uncertainty", Limon Publishers, Tel-Aviv, 1988
"The Gambling Industry", Limon Publishers, Tel-Aviv, 1990
"Requesting My Loved One – Short Stories", Yedioth Aharonot, Tel-Aviv, 1997
"The Suffering of Being Kafka" (electronic book of Hebrew and English Short Fiction), Prague and Skopje, 1998-2004
"The Macedonian Economy at a Crossroads – On the Way to a Healthier Economy" (dialogues with Nikola Gruevski), Skopje, 1998
"The Exporters' Pocketbook", Ministry of Trade, Republic of Macedonia, Skopje, 1999
"Malignant Self Love – Narcissism Revisited", Narcissus Publications, Prague and Skopje, 1999-2007
The Narcissism Series (e-books regarding relationships with abusive narcissists), Skopje, 1999-2007
"After the Rain – How the West Lost the East", Narcissus Publications in association with Central Europe Review/CEENMI, Prague and Skopje, 2000
Winner of numerous awards, among them Israel's Council of Culture and Art Prize for Maiden Prose (1997), The Rotary Club Award for Social Studies (1976), and the Bilateral Relations Studies Award of the American Embassy in Israel (1978).
Hundreds of professional articles in all fields of finances and the economy, and numerous articles dealing with geopolitical and political economic issues published in both print and Web periodicals in many countries.
Many appearances in the electronic media on subjects in philosophy and the sciences, and concerning economic matters.

Write to Me:

palma@unet.com.mk

narcissisticabuse-owner@yahoogroups.com

My Web Sites:

Economy/Politics: http://ceeandbalkan.tripod.com/

Psychology: http://www.narcissistic-abuse.com/

Philosophy: http://philosophos.tripod.com/

Poetry: http://samvak.tripod.com/contents.html

Fiction: http://samvak.tripod.com/sipurim.html

Sam Vaknin published the EIGHTH, REVISED IMPRESSION of his book about relationships with abusive narcissists, **"Malignant Self Love – Narcissism Revisited"**.

The book deals with the Narcissistic Personality Disorder and its effects on the narcissist and his nearest and dearest – in 102 frequently asked questions and two essays – a total of 600 pages!

Print Edition from BARNES AND NOBLE and AMAZON

Barnes and Noble – "Malignant Self Love – Narcissism Revisited" EIGHTH, Revised, Impression (January 2007)

ON SALE starting at $40.45 !!!

INSTEAD OF the publisher's list price of $54.95 (including shipping and handling)!!!

That's more than $14 off the publisher's list price!!!!

Click on this link to purchase the paper edition:

http://barnesandnoble.bfast.com/booklink/click?ISBN=8023833847

"Malignant Self Love – Narcissism Revisited" is now available from **Amazon Canada** – Click on this link:

http://www.amazon.ca/exec/obidos/tg/detail/offer-listing/-/8023833847/new/

And from **Amazon.com –** Click on this link:

http://www.amazon.com/exec/obidos/tg/detail/-/8023833847/

"After the Rain – How the West Lost the East" – Click on this link:

http://barnesandnoble.bfast.com/booklink/click?ISBN=802385173X

Print Edition from the PUBLISHER

The previous revised impression of Sam Vaknin's "Malignant Self – Love – Narcissism Revisited".

Comes with an exclusive BONUS PACK (not available through Barnes and Noble or Amazon).

Contains the entire text: essays, frequently asked questions and appendices regarding pathological narcissism and the Narcissistic Personality Disorder (NPD).

The publisher charges the full list price – but throws into the bargain a bonus pack with hundreds of additional pages.

Click on this link:

http://www.ccnow.com/cgi-local/cart.cgi?vaksam_MSL

Free excerpts from the EIGHTH, Revised Impression of **"Malignant Self Love – Narcissism Revisited"** are available as well as a free NEW EDITION of the Narcissism Book of Quotes

Click on this link to download the files:

http://www.narcissistic-abuse.com/freebooks.html

"After the Rain – How the West Lost the East"

The history, cultures, societies, and economies of countries in transition in the Balkans.

Click on this link to purchase this print book:

http://www.ccnow.com/cgi-local/cart.cgi?vaksam_ATR

Electronic Books (e-books) from the Publisher

An *electronic book* is a computer file, sent to you as an attachment to an e-mail message. Just save it to your hard disk and click on the file to open, read, and learn!

1. "**Malignant Self Love – Narcissism Revisited**"
   Eighth, Revised Edition (January 2007)

The e-book version of Sam Vaknin's "Malignant Self – Love – Narcissism Revisited". Contains the entire text: essays, frequently asked questions (FAQs) and appendices regarding pathological narcissism and the Narcissistic Personality Disorder (NPD).

Click on this link to purchase the e-book:

http://www.ccnow.com/cgi-local/cart.cgi?vaksam_MSL-EBOOK

2. **"The Narcissism Series"**
   Eighth, Revised Edition (January 2007)

EIGHT e-books (more than 2500 pages), including the full text of "Malignant Self Love – Narcissism Revisited", regarding Pathological Narcissism, relationships with abusive narcissists and psychopaths, and the Narcissistic Personality Disorder (NPD).

Click on this link to purchase the EIGHT e-books:

http://www.ccnow.com/cgi-local/cart.cgi?vaksam_SERIES

3. **"Toxic Relationships – Abuse and its Aftermath"**
   Fourth Edition (February 2006)

How to identify abuse, cope with it, survive it, and deal with your abuser and with the system in divorce and custody issues.

Click on this link to purchase the e-book:

http://www.ccnow.com/cgi-local/cart.cgi?vaksam_ABUSE

4. **"The Narcissist and Psychopath in the Workplace"**
   (September 2006)

Identify abusers, bullies, and stalkers in the workplace (bosses, colleagues, suppliers, and authority figures) and learn how to cope with them effectively.

Click on this link to purchase the e-book:

http://www.ccnow.com/cgi-local/cart.cgi?vaksam_WORKPLACE

5. **"Abusive Relationships Workbook"** (February 2006)

Self-assessment questionnaires, tips, and tests for victims of abusers, batterers, and stalkers in various types of relationships.

Click on this link to purchase the e-book:

http://www.ccnow.com/cgi-local/cart.cgi?vaksam_WORKBOOK

6. **"Pathological Narcissism FAQs"**

Eighth, Revised Edition (January 2007)

Dozens of Frequently Asked Questions regarding Pathological Narcissism, relationships with abusive narcissists, and the Narcissistic Personality Disorder.

Click on this link to purchase the e-book:

http://www.ccnow.com/cgi-local/cart.cgi?vaksam_FAQS

7. **"The World of the Narcissist"**
   Eighth, Revised Edition (January 2007)

A book-length psychodynamic study of pathological narcissism, relationships with abusive narcissists, and the Narcissistic Personality Disorder, using a new vocabulary.

Click on this link to purchase the e-book:

http://www.ccnow.com/cgi-local/cart.cgi?vaksam_ESSAY

8. **"Excerpts from the Archives of the Narcissism List"**

Hundreds of excerpts from the archives of the Narcissistic Abuse Study List regarding Pathological Narcissism, relationships with abusive narcissists, and the Narcissistic Personality Disorder (NPD).

Click on this link to purchase the e-book:

http://www.ccnow.com/cgi-local/cart.cgi?vaksam_EXCERPTS

9. **"Diary of a Narcissist"** (November 2005)

The anatomy of one man's mental illness – its origins, its unfolding, its outcomes.

Click on this link to purchase the e-book:

http://www.ccnow.com/cgi-local/cart.cgi?vaksam_JOURNAL

10. "**After the Rain – How the West Lost the East"**

The history, cultures, societies, and economies of countries in transition in the Balkans.

Click on this link to purchase the e-book:

http://www.ccnow.com/cgi-local/cart.cgi?vaksam_ATR-EBOOK

Download Free Electronic Books

Click on this link:

http://www.narcissistic-abuse.com/freebooks.html

More about the Books and Additional Resources

The Eighth, Revised Impression (January 2007) of the Print Edition of **"Malignant Self Love – Narcissism Revisited"** includes:

• The full text of "Malignant Self Love – Narcissism Revisited"

• The full text of 102 Frequently Asked Questions and Answers

• Covering all the dimensions of Pathological Narcissism and Abuse in Relationships

• An Essay – The Narcissist's point of view

• Bibliography

• 600 printed pages in a quality paper book

• Digital Bonus Pack! (available only when you purchase the previous edition from the Publisher) – Bibliography, three e-books, additional FAQs, appendices and more – hundreds of additional pages!

Testimonials and Additional Resources

You can read Readers' Reviews at the Barnes and Noble Web page dedicated to "Malignant Self Love" – HERE:

http://barnesandnoble.bfast.com/booklink/click?ISBN=8023833847

Dozens of Links and Resources

Click on these links:

The Narcissistic Abuse Study List

http://groups.yahoo.com/group/narcissisticabuse

The Toxic Relationships Study List

http://groups.yahoo.com/group/toxicrelationships

Abusive Relationships Newsletter

http://groups.google.com/group/narcissisticabuse

Participate in Discussions about Abusive Relationships

http://personalitydisorders.suite101.com/discussions.cfm

http://groups.yahoo.com/group/Narcissistic_Personality_Disorder

http://groups.msn.com/NARCISSISTICPERSONALITYDISORDER

Links to Therapist Directories, Psychological Tests, NPD Resources, Support Groups for Narcissists and Their Victims, and Tutorials

http://www.suite101.com/links.cfm/npd

Support Groups for Victims of Narcissists and Narcissists

http://dmoz.org/Health/Mental_Health/Disorders/Personality/Narcissistic

http://www.narcissistic-abuse.com/freebooks.html

BE WELL, SAFE AND WARM WHEREVER YOU ARE!

Sam Vaknin

Malignant Self Love

Narcissism Revisited

The Book

"Narcissists live in a state of constant rage, repressed aggression, envy and hatred. They firmly believe that everyone is like them. As a result, they are paranoid, aggressive, haughty and erratic. Narcissists are forever in pursuit of Narcissistic Supply.
They know no past or future, are not constrained by any behavioural consistency, 'rules' of conduct or moral considerations. You signal to a narcissist that you are a willing source – and he is bound to extract his supply from you.
This is a reflex.
He would have reacted absolutely the same to any other source. If what is needed to obtain supply from you is intimations of intimacy – he will supply them liberally."

This book is comprised of two parts.

The first part contains 102 Frequently Asked Questions related to the various aspects of pathological narcissism, relationships with abusive narcissists, and the Narcissistic Personality Disorder (NPD).

The second part is an exposition of the various psychodynamic theories regarding pathological narcissism and a proposed new vocabulary.

The Author

Sam Vaknin was born in Israel in 1961. A financial consultant and columnist, he lived (and published) in 12 countries. He is a published and awarded author of short fiction and reference and an editor of mental health categories in various Web directories. This is his twelfth book.